# Connecticut Medicaid Electronic Health Record (EHR) Incentive Program

# and

# Medical Assistance Provider Incentive Repository (MAPIR) System

# User Guide

## For
## Eligible Hospitals

# Document Control

## Revision History

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## References

| Document | Author | Date | Version |
|---|---|---|---|
| MAPIR Detailed Requirements and Specifications Document | HP | 2/5/2011 | 2.0 |
| MAPIR Technical Specifications – Release A | HP | 3/2/2011 | 1.1 |
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# *1 Introduction*

The American Recovery and Re-investment Act (ARRA) of 2009 were enacted on February 17, 2009. This act provides for incentive payments to Eligible Professionals (EP), Eligible Hospitals (EH), and Critical Access Hospitals to promote the adoption and meaningful use of interoperable health information technology and qualified electronic health records (EHR).

Under ARRA, states are responsible for identifying professionals and hospitals that are eligible for these Medicaid EHR incentive payments, making payments, and monitoring payments. The Medical Assistance Provider Incentive Repository (MAPIR) is a Web-based program administered by the CT Department of Social Services (DSS) that allows Eligible Professionals and Eligible Hospitals to apply for incentive payments. The incentive payments are not a reimbursement, but are an incentive intended to encourage adoption and meaningful use of EHRs.

The Centers for Medicare & Medicaid Services (CMS) is responsible for implementing the provisions of the Medicare and Medicaid EHR incentive programs. CMS issued the Final Rule on the Medicaid EHR Incentive Program on July 28, 2010:

http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf

For more information on CMS EHR requirements, link to CMS FAQ's at:
https://www.cms.gov/EHRIncentivePrograms/95_FAQ.asp#TopOfPage

# *2 Purpose of the Eligible Hospital User Guide*

The Medical Assistance Program Incentive Repository Eligible Hospital User Guide is a resource for healthcare professionals who wish to learn more about the Connecticut Medicaid EHR Incentive Program including detailed information and resources on eligibility and attestation criteria as well as instructions on how to apply for incentive payments for eligible hospitals. This user guide also provides information on how to apply to the program via the Medical Assistance Provider Incentive Repository (MAPIR), which is the Department's web-based EHR Incentive Program application system.

The best way for a new user to orient themselves to the EHR Incentive Program requirements and processes is to read through each section of this user guide in its entirety prior to starting the application process.

In the event this user guide does not answer your questions or you are unable to navigate MAPIR or complete the registration, application, and validation process, you should contact the EHR Assistance Center either by email at ctmedicaid-ehr@hp.com or by phone at 1-855-313-6638 (toll free).

**Other Resources**

There are a number of resources available to assist providers with the Connecticut Medicaid EHR Incentive Program application process. These resources can be found at: www.ctdssmap.com, under Provider, EHR Incentive Program. For example, there are Important Messages that are frequently posted to the site to keep providers updated, webinars describing various aspects of the application and attestation process, and frequently asked questions.

# 3 Who is Eligible?

The CMS Final Rule outlines the following mandatory criteria for an Eligible Hospital (EH) to be considered for the Connecticut Medicaid EHR Incentive Program.

The Department also requires that EHs be enrolled as a Medical Assistance provider without sanctions or exclusions. Hospitals that are not enrolled will need to enroll with Medical Assistance prior to applying for the Department's EHR Incentive Program and must meet program requirements, including meeting Medical Assistance patient volume thresholds. To qualify for an incentive payment under the Medicaid EHR Incentive Payment Program, an Eligible Hospital must have a minimum 10% Medicaid patient volume threshold. Children's hospitals do not have a patient volume threshold.

*Note: HUSKY B patients who in CMS terms are defined as members of a Children's Health Insurance Program (CHIP) do not count toward the Medicaid patient volume criteria.*

EHs for the Medical Assistance program in Connecticut include acute care, critical access and children's hospitals. Hospitals are eligible for both Medicaid and Medicare incentive payments, except for children's hospitals and cancer hospitals which are only eligible for Medicaid incentive payments. There are specific sets of CMS Certification Numbers (CCN) that correspond to EHs which are listed in Figure 1 below.

**Figure 1: Hospital Eligibility Requirements per the CMS Final Rule**

| Provider Type | Requirements | Threshold |
|---|---|---|
| **Eligible Hospitals** (Measured by Medical Assistance discharges over total discharges) | | |
| **Acute Care including CAH** | Acute care: CCNs between 0001 – 0879<br>Critical Access Hospitals: CCNs between 1300 – 1399 | 10% |
| **Children's Hospital** | CCNs between 3300 – 3399 | No patient volume requirement |

Please note that a hospital is eligible for an incentive payment based on their CCN.

**Note:** The Meaningful Use Stage 2 Final Rule introduced specific changes for Stage 1 and Stage 2 functionality that take effect in Program Year 2014. MAPIR Release 5.2 was enhanced to comply with the Stage 2 Final Rule.

# *4 Overview of the EHR Incentive Program Process*

The following steps describe the Connecticut Medicaid EHR Incentive Program application process for hospitals that are applying for their ***first year payment***:

1. Go to the following link and fill out the information requested so your CCN can be updated in the Medicaid Management Information System that interfaces with MAPIR:

   http://www.surveymonkey.com/s/EHR_Registration_Information

   The following information will be required:
   - National Provider Identifier (NPI)
   - Hospital Name
   - Automated Voice Response System (AVRS) IDs (previously known as Medicaid IDs) - any that are associated with your acute care CCN that you registered with CMS (example: inpatient/outpatient IDs)
   - CMS Certification Number (CCN) – This will be matched with the information provided by CMS
   - Contact name(s) and email(s)
   - Contact telephone number(s)

2. Complete your CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) registration.
   https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp
   Applicants will need to provide information such as:
   - Payee's NPI and Tax Identification Number (TIN)
   - CMS Certification Number (CCN)
   - Incentive Program option of Medicare or Medicaid (Connecticut Medical Assistance Program) *Note: If Medicaid, choose the state in which you are applying*
   - Valid email contact information

   NOTE: If you are applying for your second payment, you will not go to the CMS R&A to re-register, but if you are a dually-eligible hospital applying for a second payment, you will need to go to CMS to attest to Meaningful Use prior to submitting your application through our MAPIR System. Children's Hospitals will not need to go to CMS to re-register but will come directly into the MAPIR System to attest to Meaningful Use.

3. Once successfully registered with the R&A, eligible applicants will receive a Welcome letter via email stating that they can register in MAPIR, which is accessed through the provider secure portal at www.ctdssmap.com. This may take up to two business days following successful registration with the R&A. MAPIR is the Department's Web-based system that will track and act as a repository for information related to applications, attestations, payments, appeals, oversight functions, and interface with R&A. You will be able to track the status of your application through the MAPIR system and should not go through the CMS R&A system to verify application status.

   ***Once successful R&A registration is completed, no changes will need to be made at the CMS R&A in subsequent years, unless there is a change in CCN, TIN or NPI Numbers due to a change in ownership.***

4. In order to access MAPIR, every hospital has an existing Web Secure Provider Portal IDs, most likely several IDs. Most hospitals will be able to gain access to this ID through their billing office as they access the Web secure provider portal on a regular basis. In order to access the MAPIR system, the administrator of your hospital's **INPATIENT** AVRS Web ID will need to create a "clerk" ID for the individual that will be completing the hospital's attestation in MAPIR. It is important that they do not use the Outpatient AVRS ID because access to MAPIR cannot be gained through that ID.

The hospital Web ID administrator should already know how to set up a clerk account as these IDs must not be shared. The full instructions are on our Web site www.ctdssmap.com, under Information, Publications, Provider Manuals, Chapter 10 – Web Portal, Creating a clerk.

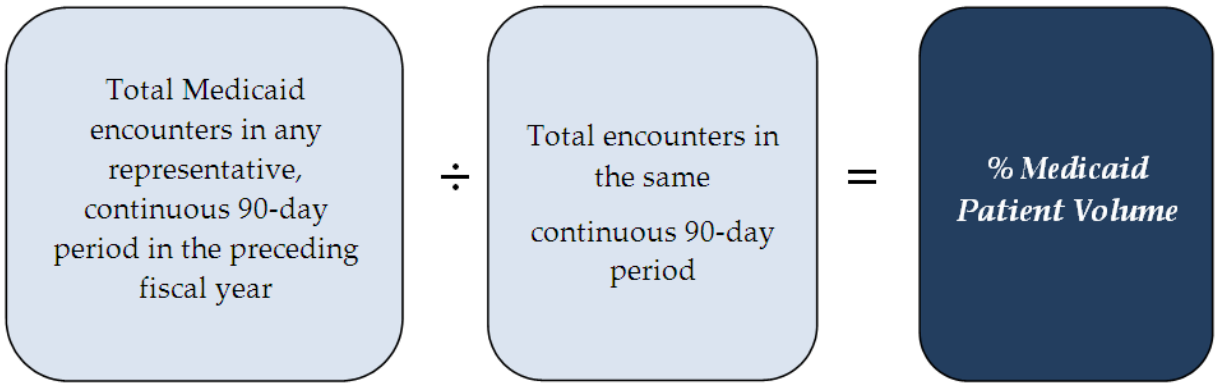
5. To access MAPIR you will go to the secure provider portal on our Web site, www.ctdssmap.com.

   Applicants will need to verify the information displayed in MAPIR and will also need to enter additional required data elements and make attestations about the accuracy of the data elements entered in MAPIR. Applicants will need to demonstrate:
   - They meet Medicaid patient volume thresholds
   - They are adopting, implementing, upgrading or meaningfully using federally-certified EHR systems
   - They meet all other federal program requirements
   - Applicants will need information such as:
     CMS EHR Certification ID #
     Dates for 90-day Medicaid volume
     Medicaid discharges/ED visits
     Out-of-State Medicaid encounters/ED visits
     Total discharges*
     Total inpatient Medicaid bed days*
     Total Charges – All Discharges and Outpatient*
     Total Charges – Charity Care Inpatient and Outpatient*
     ** Cost data information cannot be changed by an EH once the first payment has been issued.*

- In the MAPIR application there is a section where you can upload documentation related to your application (i.e. signed contracts, volume reports, etc.).
- The Department will use its own information (such as OHCA Filings) and information in MAPIR to review applications and make approval decisions. The Department will inform all applicants whether they have been approved or denied. All approvals and denials are based on federal rules for the EHR Incentive Program.
- Payments will be issued via the standard CT Medical Assistance Program's financial payment cycle schedule that runs twice a month. Hospitals will see their payments posted on their remittance advices and their annual 1099s.
- It is possible that the HP Enterprise Services or the Department may need to contact applicants during the application process before a decision can be made to approve or deny an application. Applicants are encouraged to contact the HP EHR Assistance Center either by email at ctmedicaid-ehr@hp.com or by phone at 1-855-313-6638 (toll free) if they have questions about the process. Please include your name and NPI number on all correspondence. Applicants have appeal rights available to them if, for example, an applicant is denied an EHR incentive payment. The Department will convey information on the appeals process to all who are denied.
- SUBSEQUENT YEARS: Once AIU has been completed for Medicaid, the subsequent Meaningful Use attestations will take place at the CMS R&A website for dually-eligible hospitals and the EH will only need to specify that they are applying for Meaningful Use with Medicaid that year.

## *5 Patient Volume Calculation*

In order to be eligible for the Connecticut Medicaid EHR Incentive Program, EHs must meet eligible patient volume thresholds; with the exception of Children's Hospitals. The general rule is that EHs must have at least 10 percent patient volume attributable to patient discharges and emergency department encounters for individuals receiving Medicaid.


Total Medicaid encounters in any representative, continuous 90-day period in the preceding fiscal year
÷
Total encounters in the same continuous 90-day period
=
% Medicaid Patient Volume

Medicaid patient volume calculations are based on inpatient discharges and emergency department visits, for which Medicaid paid any part. Medicaid patient volume is measured over a continuous 90-day period in the previous hospital fiscal year and for all hospital locations. Hospitals only need to enter the start date and MAPIR will calculate the end date. For example, if requesting a 2012 EHR incentive payment and your fiscal year is between October 1 – September 30, the start of your continuous 90-day period must start and end between October 1, 2010 and September 30, 2011.

For purposes of calculating EH patient volume, **a Medicaid encounter is defined as services rendered to an individual on any one day where Medicaid paid for part or all of the service; or paid all or part of the individual's premiums, copayments, and cost- sharing.** *Note: HUSKY B patients who in CMS terms are defined as members of a Children's Health Insurance Program (CHIP) do not count toward the Medicaid patient volume criteria.*

EXAMPLE: The hospital is applying to the EHR Incentive Program in Federal Fiscal Year 2011 (Oct 1, 2010 – Sept 30, 2011). The following is an example of a representative, consecutive 90-day period from the previous federal fiscal year:

| April 1, 2010 – June 29, 2010 - FFY 2010 | |
|---|---|
| Medicaid FFS, MLIA, and HUSKY A Inpatient Discharges and ED Visits | 2,225 |
| Total Hospital Inpatient Discharges and ED Visits | 6,725 |

The eligibility calculation is as follows:

(Medicaid Discharges + Medicaid ED Visits)

(Total Discharges + Total ED Visits)

(2,225) = **Medicaid Patient Volume**

(6,725) **33%**

# 6 Hospital Incentive Payments

The federal rule also sets forth the methodology that states must use to calculate EHR incentive payments. The Department will calculate patient volume and payments for all eligible hospitals using information submitted by the hospital upon application with the Department. The Department is responsible for using auditable data sources to calculate EHR hospital incentive amounts and will use OHCA filings as well as other Departmental data to validate the self-reported information. The Department will make payments to eligible hospitals over a three-year time period: 50 percent in the first year, 30 percent in the second year and 20 percent in the third year. CMS rules allow the Department to audit and validate the 3-year calculation as cost report data is received. Payments will be issued via the standard financial cycle that runs twice a month and hospitals will see their payments posted on their remittance advices.

Hospitals will be required to provide and attest to the following information for the incentive payment to be calculated:

- Total Discharges (inpatient) for the most recent 4 fiscal years
- Total Number of Medicaid Inpatient Bed Days
- Total Number of Inpatient Bed Days
- Total Charges for all Inpatient and Outpatient (no exclusions*)
- Total Charges for Charity Care for all Inpatient and Outpatient (no exclusions*)

Note: All bed day totals and discharges should exclude nursery, psych and rehab days. *Do not exclude nursery, psych and rehab from Charges.

No hospital may begin receiving incentive payments for any year after Fiscal Year (FY) 2016, and after FY 2016, a hospital may not receive an incentive payment unless it received an incentive payment in the prior fiscal year

## Connecticut Medicaid EHR Incentive Payment Program – HOSPITAL PAYMENT CALCULATION EXAMPLE

On the following pages there is an example of the steps that will be followed to calculate incentive payments to eligible hospitals for payment year 2011. MAPIR will be making these calculations based on data the hospital will enter into MAPIR at the time of registration and attestation.

*Step 1: Calculating the Average Annual Growth Rate:*

To calculate the average annual growth rate the hospital will report the total discharges from the 4 most recent fiscal year cost reports.

Total discharges are the sum of all inpatient discharges (excluding nursery, psych and rehab discharges which are not considered acute care).

| Fiscal Year | Total Discharges | Calculating Annual Growth rate | Average Annual Growth Rate |
|---|---|---|---|
| 2010 | 26,900 | 26,900 – 25,800 ÷ 25,800 = 4.3% | 4.3<br>+ 4.5<br>+ 5.1<br>= 13.9 ÷ 3<br>= **4.6%** |
| 2009 | 25,800 | 25,800 – 24,700 ÷ 24,700 = 4.5% | |
| 2008 | 24,700 | 24,700 - 23,500 ÷ 23,500 = 5.1% | |
| 2007 | 23,500 | 2008 – 2007 ÷ 2007 = growth rate | |

**Average Annual Growth Rate 4.6%**

*Step 2: Apply the Average Annual Growth Rate to the Base Number of Discharges projected out over the next 3 years;*

The number of discharges for the Base Year of Fiscal Year 2010 is multiplied by the average annual growth rate of 4.6%.

| Projected Inpatient Discharges | | | |
|---|---|---|---|
| Fiscal Year 2010 | Fiscal Year 2011 | Fiscal Year 2012 | Fiscal Year 2013 |
| **26,900** | | | |
| X 1.046 | ⇨ **28,137** | | |
| | X 1.046 | ⇨ **29,432** | |
| | | X 1.046 | ⇨ **30,786** |

*Step 3: Determine the number of eligible discharges and multiply by the appropriate discharge payment amount*

1. For the first through the 1,149th discharge, $0
2. For the 1,150th through the 23,000th discharge, $200 per discharge
3. For any discharge greater than the 23,000th, $0

In this example, discharges for each year were greater than both1,149 and 23,000, so the maximum number of discharges that can be counted are 21,851 (23,000 – 1,149) which then gets multiplied by the $200 per discharge.

| Fiscal Year | Calculated Discharges | Eligible Discharges | @ $200 Per Discharge | Eligible Discharge Payment |
|---|---|---|---|---|
| 2010 | 26,900 | 21,851 | $200 | $4,370,200 |
| 2011 | 28,137 | 21,851 | $200 | $4,370,200 |
| 2012 | 29,432 | 21,851 | $200 | $4,370,200 |
| 2013 | 30,786 | 21,851 | $200 | $4,370,200 |

*Step 4: Add the Base Year Amount of $2,000,000 per payment year to the eligible discharge payment*

| Fiscal Year | Base Year Amount | | Eligible Discharge Payment | | Total Eligible Discharge Payment |
|---|---|---|---|---|---|
| 2010 | $2,000,000 | + | $4,370,200 | = | $6,370,200 |
| 2011 | $2,000,000 | + | $4,370,200 | = | $6,370,200 |
| 2012 | $2,000,000 | + | $4,370,200 | = | $6,370,200 |
| 2013 | $2,000,000 | + | $4,370,200 | = | $6,370,200 |

*Step 5: Multiply the Medicaid Transition Factor to the Eligible Discharge Payment to arrive at the Overall EHR Amount*

The transition factor equals 1 for year 1, ¾ for year 2, ½ for year 3 and ¼ for year 4. All four years are then added together.

| Fiscal Year | Total Eligible Discharge Payment | | Medicaid Transition Factor | | Overall EHR Amount |
|---|---|---|---|---|---|
| 2010 | $ 6,370,200 | X | 1 | = | $ 6,370,200 |
| 2011 | $ 6,370,200 | X | 0.75 | = | $ 4,777,650 |
| 2012 | $ 6,370,200 | X | 0.5 | = | $ 3,185,100 |
| 2013 | $ 6,370,200 | X | 0.25 | = | $ 1,592,550 |
| | | | ***Total EHR Amount*** | | ***$ 15,925,500*** |

*Step 6: Calculate the Medicaid Share*

The next step requires that the Medicaid Share be applied to the total EHR amount. The Medicaid Share is the percentage of inpatient bed-days (Medicaid, MLIA and HUSKY A managed care) divided by the estimated total inpatient bed days adjusted for charity care. *Note: All bed day totals should exclude nursery, psych and rehab days*. To calculate the Medicaid Share, the hospital will need to provide the following information from the hospital fiscal year that ends during the federal fiscal year prior to the fiscal year that serves as the first payment year:

| Total Number of Inpatient Medicaid Bed Days | Total Inpatient Days | Total Charges for All Discharges | Total Charity Care for All Discharges |
|---|---|---|---|
| 7,000 | 21,000 | $ 10,000,000 | $ 1,300,000 |

Calculate the Non-Charity Care ratio by subtracting charity care (ALL CHARGES INPATIENT AND OUTPATIENT) from total charges for all discharges (and outpatient) and dividing by total charges for all discharges (this includes outpatient).

The charity care adjustment is the percentage of the total charges that are not associated with charity care.

Total charges $10,000,000

-- Charity Care $1,300,000

= $8,700,000 ⟹ $8,700,000 ÷ $10,000,000 = 87%

| Charity Care Adjustment | 87% |
|---|---|

**Calculate the Medicaid Share:**

Medicaid Share = Medicaid Inpatient Bed-Days ÷ ( Total Inpatient Bed-Days **X** Charity Care Adjustment)

7,000 ÷ (21,000 **X** .87) = 0.383

18,270

| Medicaid Share | 38.3% |
|---|---|

*Step 7: Calculate the aggregate incentive amount.*

To arrive at the aggregate incentive amount multiply the overall EHR Amount of $15,925,500 by the Medicaid Share of 38.3%.

$15,925,500 **X** .383 = $6,099,467

| Total Incentive Payment Amount | $6,099,467 |
|---|---|

This is the total Incentive Amount a hospital can receive for this example

*Step 8: Distribute Incentive Payments over a 3 year period:*

The Department will issue hospital incentive payments over a 3 year period. The following illustrates the payments in 3 consecutive years at 50, 30 and 20% respectively. The hospital would need to continue to meet the eligibility requirements and meaningful use criteria in all incentive payment years.

| 2011 @ 50% | 2012 @ 30% | 2013 @ 20% |
|---|---|---|
| $3,049,734 | $1,829,840 | $1,219,893 |

# *7 Adopt, Implement or Upgrade (AIU) and Meaningful Use (MU)*

The goal of the Connecticut Medicaid EHR Incentive Program is to promote the adoption, implementation, upgrade, and meaningful use of certified EHRs. Hospitals are required to attest to the status of their current certified EHR adoption phase.

- **Adopted** – acquired, purchased or secured access to certified EHR technology.

- **Implemented** – installed or commenced utilization of certified EHR technology capable of meeting meaningful use requirements.

- **Upgraded** – expanded the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing maintenance, and training, or upgrade from existing EHR technology to a federally-certified EHR technology.

- **Meaningful User** – Eligible Hospitals can attest to meeting meaningful use requirements as set forth by CMS. **Dually eligible hospitals will attest to reaching the MU requirements at the CMS R&A website. Children's hospitals (Medicaid only hospitals) will attest to MU through MAPIR.**

# 8 Attestations and Audits

The Department may access all relevant records and documentation and take any other appropriate quality assurance measures it deems necessary to verify provider attestations or conduct pre-payment or post-payment audits to assure compliance with the provisions of sections 17b-34-1 to 17b-34-9, inclusive, of the Regulations of Connecticut State Agencies and other regulatory and statutory requirements. The department may disallow or recover any amounts paid or pending to the provider for which required documentation is not maintained or not provided to the department upon request.

For purposes of documenting AIU, the provider shall make available to the department all relevant documents, including, but not limited to, one or more of the following documents, as directed by the department:

(1) Contract;
(2) software license;
(3) receipt or evidence of cost;
(4) purchase order;
(5) evidence of cost or contract for training; or
(6) payroll record demonstrating hiring of staff to assist with the implementation.

After conducting an audit, if the department finds that the provider was not eligible for payments made to the provider, the department may disallow and recover those funds. The provider shall promptly repay all disallowed funds to the department not more than forty-five days after receiving notice of the disallowance. In addition to taking any other lawful actions, the department may also offset such funds against current or future payments that the department otherwise would have made to the provider.

A provider aggrieved by a decision in a final written audit conducted under this section may request a written review from the department. The provider shall request such review in writing and not later than thirty days after the department's final audit report was issued, together with a detailed written description of each specific item of aggrievement. The scope of the review shall not include or consider facts or circumstances outside of the audit and the final written audit report. An individual other than a person who conducted the audit or made the department's final audit determination shall conduct the review. At the discretion of the person presiding over the review, the person may make informal inquiries to the provider or the department; accept written statements from the provider and the department; and hold an informal conference with the department and the provider for the purpose of fact finding, accepting oral statements, or hearing witness testimony, after giving appropriate notice thereof to the provider and the department. After completing the final review, the person presiding over the review shall issue a final written decision regarding what, if any action will be taken, including, but not limited to, revising the final written audit or any other action within the scope of the department's authority.

**MAPIR Attestations**

EHs will need to verify the information displayed in MAPIR and will also need to enter additional required data elements and make attestations about the accuracy of data elements entered in MAPIR. For example, applicants will need to demonstrate that they meet patient volume thresholds, that they are adopting, implementing or upgrading federally-certified EHR systems or are attesting to being a meaningful user of a federally-certified EHR system, and that they meet all other federal program requirements.

The MAPIR system design is based on the CMS Final Rule for the EHR Incentive Program and Connecticut's specific eligibility criteria. In addition to the MAPIR system reviews, all eligible hospitals will be reviewed prior to payment. The Department will verify the information submitted in the application and determine payment amounts

A series of reviews will identify applicants who do not appear to be eligible based on the following elements of the application:

- Applicants who do not meet patient volume thresholds
- Cost data
- Ineligible hospital types
- Sanctions

# *9 Overpayments*

MAPIR will be used to store and track records of incentive payments for all participating hospitals. Once an overpayment is identified, MAPIR will determine the amount of overpayments that have been made and must be returned by the hospital.

When overpayments are identified, the Department will initiate the payment recoupment process and communicate with CMS on repayments. The Department will attempt to recover any overpayments from instances of abuse or fraud or error.

The Department will request that hospitals submit recoupment payments by check; if a provider fails to submit a payment by check within 90 calendar days of the notice to return the EHR incentive payment, the Department will generate an accounts receivable to offset payment of future claims to recoup the EHR incentive overpayments. Federal law requires the Department to return overpayments within 365 days of identification. Money is either recouped in accordance to federal timeline standards or during the reconciliation process at the beginning of the subsequent program year.

# 10 Appeals

A provider aggrieved by a decision concerning only the issues set forth in 42 CFR 495.370(a) or section 17b-34(c) of the Connecticut General Statutes may request an initial review of the department's determination, and such review shall occur only if the department receives the provider's written request for an initial review, together with any supporting documents or data, not more than thirty days after the provider received the department's determination.

An individual other than the person who made the department's determination shall conduct the initial review. The individual who conducts the initial review shall issue a written decision to the provider not more than thirty days after the department receives the request for initial review.

If the provider is aggrieved by the outcome of the initial review, the provider may request an administrative hearing in writing to the commissioner, together with a detailed written description of all items of aggrievement, not more than fourteen days after the date the written initial review decision was issued.

The department shall conduct an administrative hearing requested pursuant to subsection (c) of this section in accordance with chapter 54 of the Connecticut General Statutes.

# 11 MAPIR Overview

This section of the Connecticut Medicaid EHR Incentive Program Eligible Hospital User Guide, describes how users apply for incentive payments through the Medical Assistance Provider Incentive Repository (MAPIR). MAPIR is the state-level information system for the EHR Incentive Program that will both track and act as a repository for information related to payment, applications, attestations, oversight functions, and interface with the Medicare and Medicaid EHR Incentive Program Registration and Attestation System (R&A).

MAPIR is intended to streamline and simplify the hospital enrollment process by interfacing with other systems to verify data. Hospitals will enter data into MAPIR and attest to the validity of data thus improving the accuracy and quality of the data.

The MAPIR system will be used to process provider applications, including:

Interfacing between the Department and the R&A to:
- Receive initial hospital registration information
- Report eligibility decisions to CMS
- Report payment information (payment date, transaction number, etc.) to CMS

Verify information submitted by applicant
Determine hospital eligibility
Allow hospitals to submit:
- Attestations
- Payee information
- Submission confirmation/digital signature

Communicate Payment Determination

To begin in the MAPIR application process, hospitals must:

1. Go to the following link and fill out the information requested so your CCN can be updated in the Medicaid Management Information System that interfaces with MAPIR:

   http://www.surveymonkey.com/s/EHR_Registration_Information

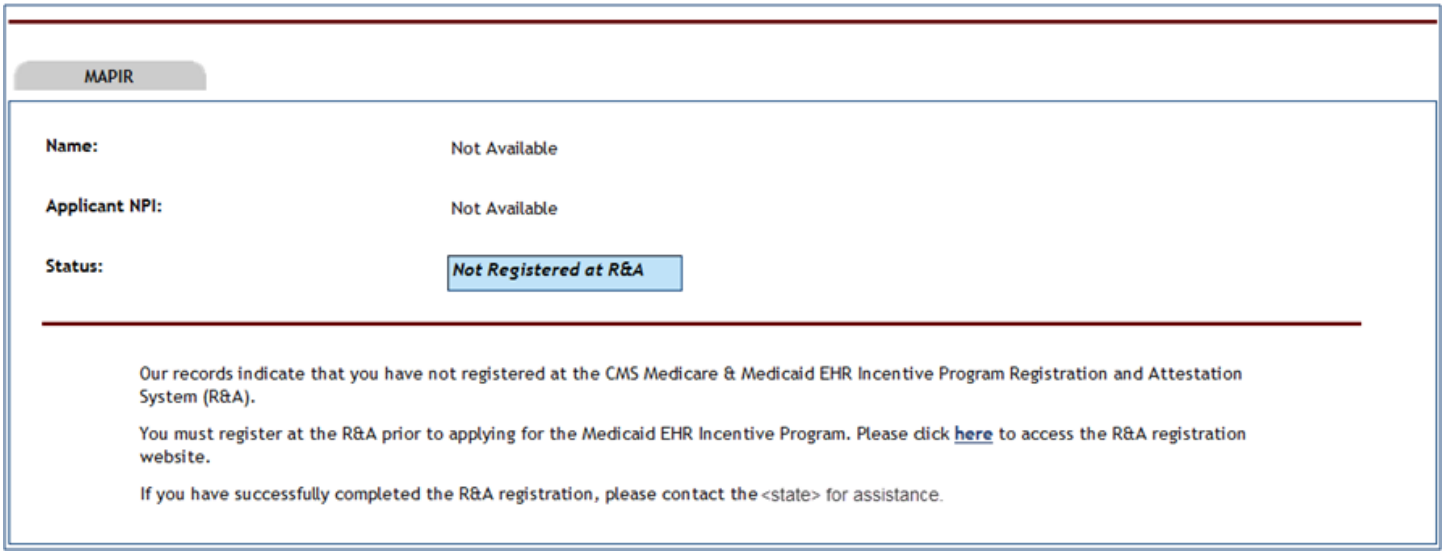
2. Enroll at the R&A - if this is your first payment year and the hospital has not already registered at the R&A

   Please access the federal Web site below for instructions on how to do this or to register.

   For general information regarding the Incentive Payment Program:
   http://www.cms.gov/EHRIncentivePrograms

   To register:
   https://ehrincentives.cms.gov/hitech/login.action

You must register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (also known as R&A) website before accessing MAPIR. If you access MAPIR and have not completed this registration, you will receive the following screen:


MAPIR
Name:
Not Available
Applicant NPI:
Not Available
Status:
Not Registered at R&A
Our records indicate that you have not registered at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).
You must register at the R&A prior to applying for the Medicaid EHR Incentive Program. Please click here to access the R&A registration website.
If you have successfully completed the R&A registration, please contact the <state> for assistance.

Please access the federal Web site below for instructions on how to do this or to register.

*For general information regarding the Incentive Payment Program:*
http://www.cms.gov/EHRIncentivePrograms

*To register:*
https://ehrincentives.cms.gov/hitech/login.action

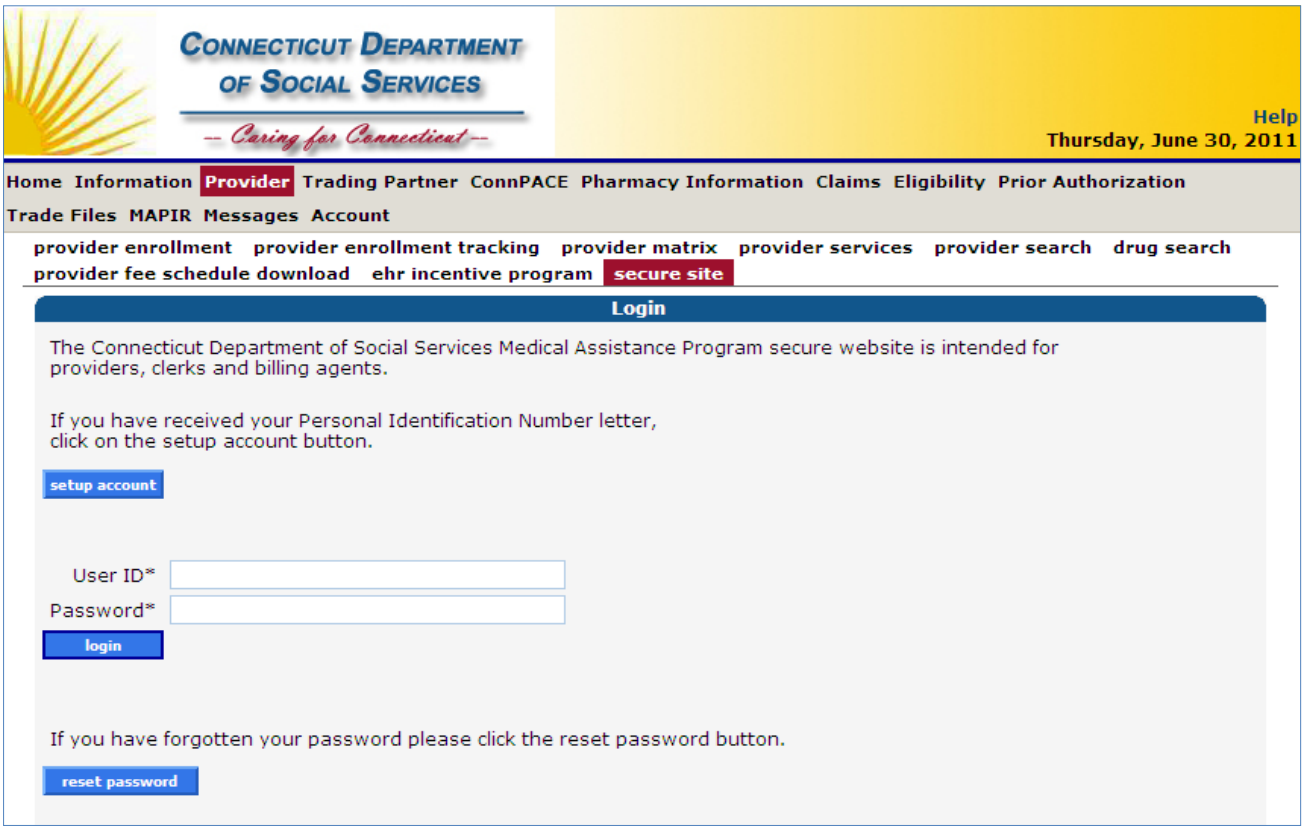
You will not be able to start your MAPIR application process unless you have successfully completed this federal registration process. Once MAPIR has received and matched your provider information, you will receive an email to begin the MAPIR application process. Please allow at least two days from the time you complete your federal registration before accessing MAPIR due to the necessary exchange of data between these two systems.

3. Be enrolled in the Connecticut Medical Assistance Program
4. Be free of sanctions or exclusions

**Note:** In some cases, hospitals will be re-directed to the R&A to correct discrepant data.

## 12 Connecticut's Secure Provider Portal – Access to MAPIR

Hospitals can access MAPIR through Connecticut Medical Assistance Program's secure provider portal at www.ctdssmap.com. NOTE: The secure provider portal is located under Provider, Secure Site. Eligible hospitals must log in with their acute care inpatient ID number.


Connecticut Department of Social Services
-- Caring for Connecticut --
Help
Thursday, June 30, 2011
Home Information Provider Trading Partner ConnPACE Pharmacy Information Claims Eligibility Prior Authorization
Trade Files MAPIR Messages Account
provider enrollment provider enrollment tracking provider matrix provider services provider search drug search
provider fee schedule download ehr incentive program secure site
Login
The Connecticut Department of Social Services Medical Assistance Program secure website is intended for providers, clerks and billing agents.
If you have received your Personal Identification Number letter, click on the setup account button.
setup account
User ID*
Password*
login
If you have forgotten your password please click the reset password button.
reset password

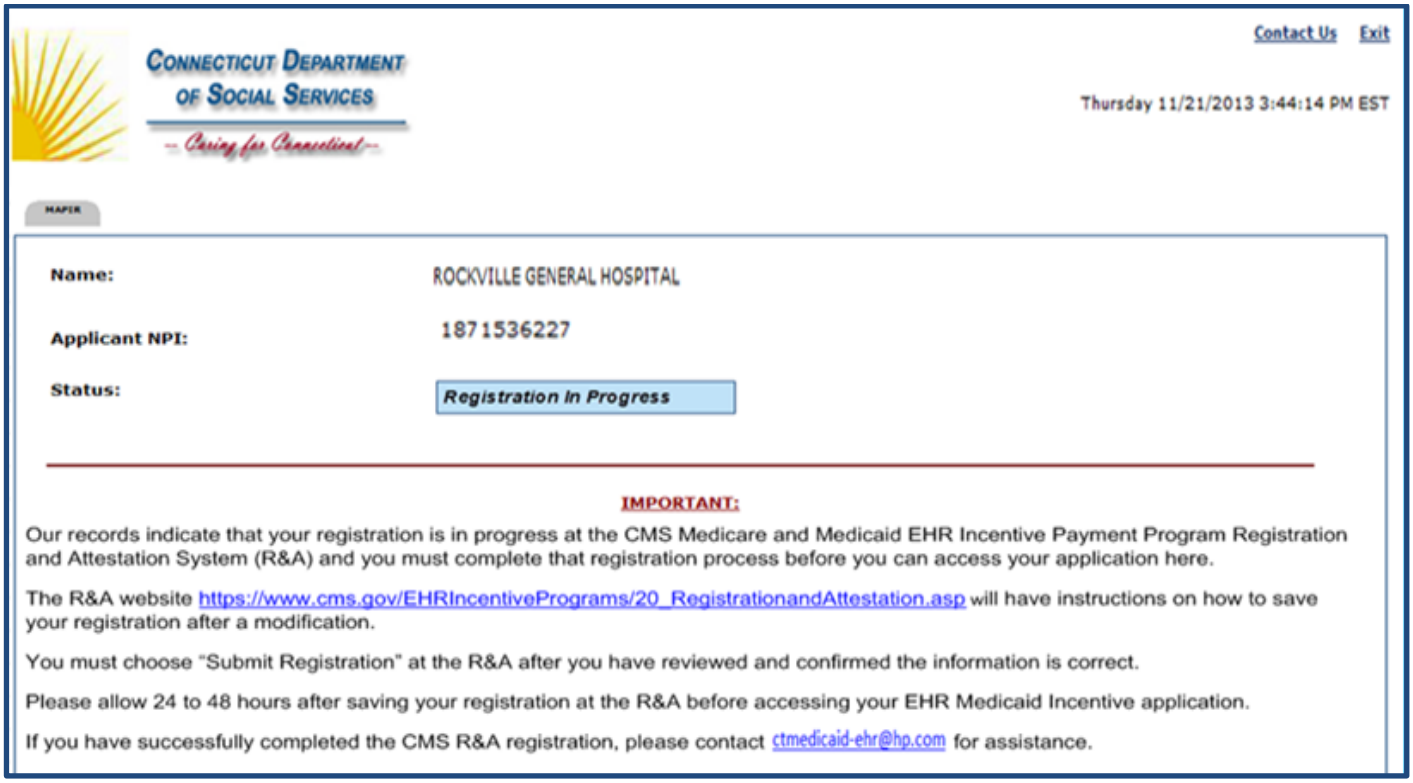
In order to access MAPIR, every hospital has existing Web Secure Provider Portal IDs, most likely several IDs. Most hospitals will be able to gain access to this ID through their billing office as they access the Web secure provider portal on a regular basis. In order to access the MAPIR system, the administrator of your hospital's INPATIENT AVRS Web ID will need to create a "clerk" ID for the individual that will be completing the hospital's attestation in MAPIR. It is important that they do not use the Outpatient AVRS ID because access to MAPIR cannot be gained through that ID.

The hospital Web ID administrator should already know how to set up a clerk account as these IDs must not be shared. The full instructions are on our Web site www.ctdssmap.com, under Information, Publications, Provider Manuals, Chapter 10 – Web Portal, Creating a clerk. If you have questions regarding Web ID set up please contact the Provider Assistance Center at 1-800-842-8440.

### *Changes to your R&A Registration*

Please be aware that when accessing your R&A registration information, should any changes be initiated but not completed, the R&A may report "Registration in Progress". This will result in your application

being placed in a hold status within MAPIR until the R&A indicates that any pending changes have been finalized. You must complete your registration changes on the R&A website prior to accessing MAPIR or certain capabilities will be unavailable. For example, it will not be possible to submit your application, create a new application, or abort an incomplete application. If you access MAPIR to perform the above activities and have not completed your registration changes, you will receive the following screen.

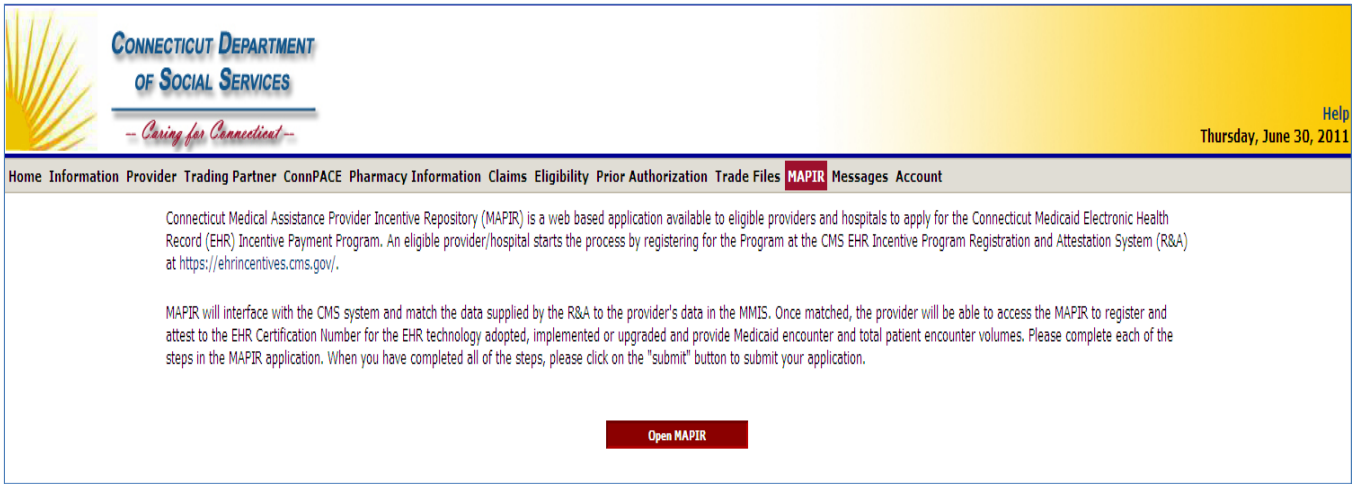

Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Thursday 11/21/2013 3:44:14 PM EST
MAPIR
Name:
ROCKVILLE GENERAL HOSPITAL
Applicant NPI:
1871536227
Status:
Registration in Progress
IMPORTANT:
Our records indicate that your registration is in progress at the CMS Medicare and Medicaid EHR Incentive Payment Program Registration and Attestation System (R&A) and you must complete that registration process before you can access your application here.
The R&A website https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp will have instructions on how to save your registration after a modification.
You must choose "Submit Registration" at the R&A after you have reviewed and confirmed the information is correct.
Please allow 24 to 48 hours after saving your registration at the R&A before accessing your EHR Medicaid Incentive application.
If you have successfully completed the CMS R&A registration, please contact ctmedicaid-ehr@hp.com for assistance.

Should the R&A report your registration as "In Progress" and an application be incomplete or under review (following the application submission), MAPIR will send an email message reporting that such notification has been received if a valid email address was provided by either the R&A, or by the provider on the incentive application in MAPIR. Please allow at least two days from the time you complete your federal registration changes before accessing MAPIR due to the necessary exchange of data between these two systems.

### Identify one individual to complete the MAPIR application

**Note**: You must use the same Web Secure Provider Portal User ID throughout the application process including if you start and then have to restart the application. The same Web Secure Provider Portal User ID should be used in subsequent years as well. If a password is forgotten, the hospital's ID administrator must reset the password. If there is a situation where the user who completed the application in previous years is no longer available for the current year's attestation, please contact the HP EHR Assistance Center either by email at ctmedicaid-ehr@hp.com or by phone at 1-855-313-6638 (toll free). Please include your name and NPI number on all correspondence.

Once logged into the secure site, find the MAPIR link on the gray menu bar and click the Open MAPIR button to access the **MAPIR** screen.


CONNECTICUT DEPARTMENT
OF SOCIAL SERVICES
-- Caring for Connecticut --
Help
Thursday, June 30, 2011
Home Information Provider Trading Partner ConnPACE Pharmacy Information Claims Eligibility Prior Authorization Trade Files MAPIR Messages Account
Connecticut Medical Assistance Provider Incentive Repository (MAPIR) is a web based application available to eligible providers and hospitals to apply for the Connecticut Medicaid Electronic Health Record (EHR) Incentive Payment Program. An eligible provider/hospital starts the process by registering for the Program at the CMS EHR Incentive Program Registration and Attestation System (R&A) at https://ehrincentives.cms.gov/.
MAPIR will interface with the CMS system and match the data supplied by the R&A to the provider's data in the MMIS. Once matched, the provider will be able to access the MAPIR to register and attest to the EHR Certification Number for the EHR technology adopted, implemented or upgraded and provide Medicaid encounter and total patient encounter volumes. Please complete each of the steps in the MAPIR application. When you have completed all of the steps, please click on the "submit" button to submit your application.
Open MAPIR

# 13 Completing the MAPIR Application

The remainder of the Eligible Hospital User Guide consists of instructions on how to complete each screen component within seven electronic MAPIR application tabs that comprise the registration document:

- Get Started
- R&A and Contact Info
- Eligibility
- Patient Volume
- Attestation
- Review
- Submit

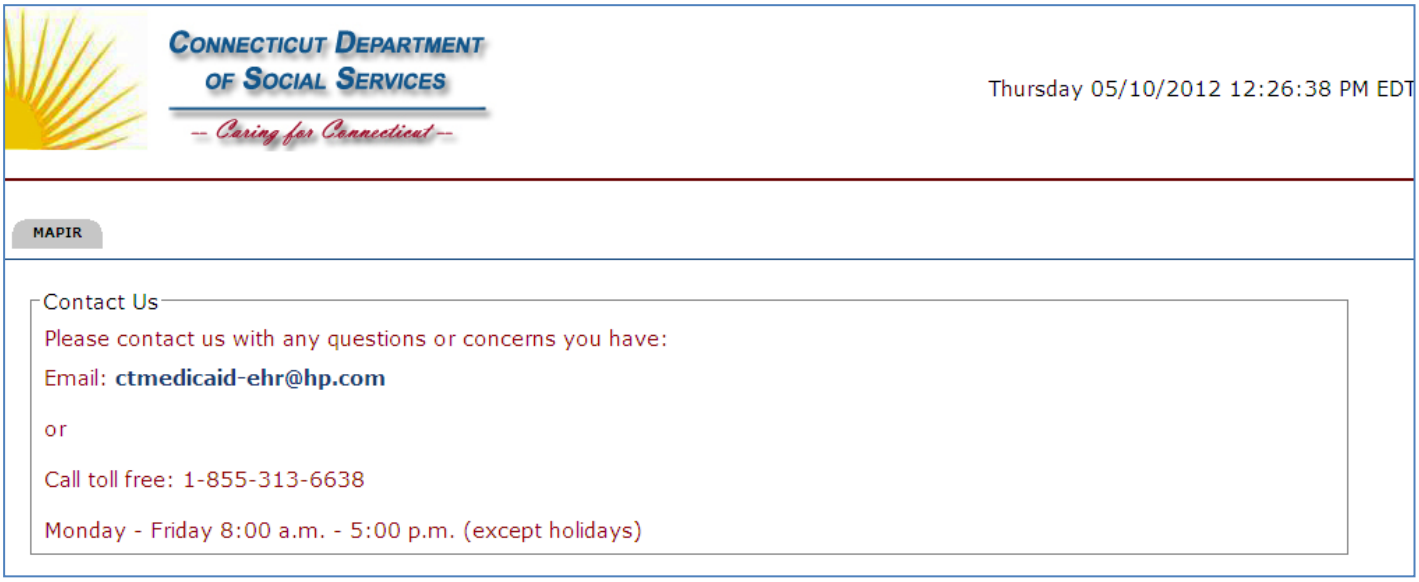
MAPIR uses this tab arrangement to guide you through the application. You must complete the tabs in the order presented. You can return to previous tabs to review the information or make modifications until you submit the application. You cannot proceed without completing the next tab in the application progression, with the exception of the Get Started and Review tabs which you can access anytime.

Once you submit your application, you can no longer modify the data. It will only be viewable through the Review tab. Also, the tab arrangement will change after submission to allow you to view status information.

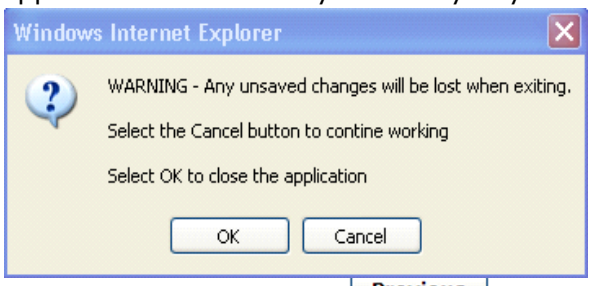
As you proceed through the application process, you will see your identifying information such as Name, National Provider Identifier (NPI), and Tax Identification Number (TIN) at the top of most screens. This is information provided by the R&A.

A **Print** link is displayed in the upper right-hand corner of most screens to allow you to print information entered. You can also use your Internet browser print function to print screen shots at any time within the application.

There is a **Contact Us** link with contact instructions should you have questions regarding MAPIR or the Medicaid Incentive Payment Program.


CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Thursday 05/10/2012 12:26:38 PM EDT
MAPIR
Contact Us
Please contact us with any questions or concerns you have:
Email: ctmedicaid-ehr@hp.com
or
Call toll free: 1-855-313-6638
Monday - Friday 8:00 a.m. - 5:00 p.m. (except holidays)

Most MAPIR screens display an **Exit** link that closes the MAPIR application window. If you modify any data in MAPIR without saving, you will be asked to confirm if the application should be closed (as shown to the right).


Windows Internet Explorer
WARNING - Any unsaved changes will be lost when exiting.
Select the Cancel button to contine working
Select OK to close the application
OK
Cancel

You should use the **Save & Continue** button on the screen before exiting or data entered on that screen will be lost.

The **Previous** button always displays the previous MAPIR application window without saving any changes to the application.

The **Reset** button will restore all unsaved data entry fields to their original values.

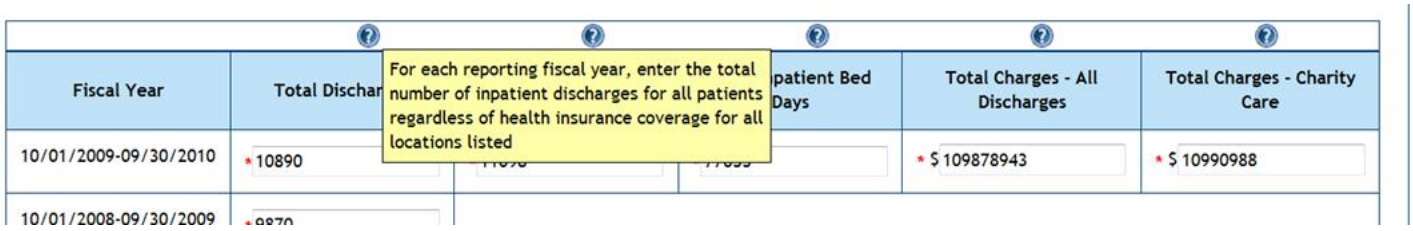
The **Clear All** button will remove standard activity selections for the screen in which you are working.

A red asterisk (*) indicates a required field.

***Note: Use the MAPIR Navigation buttons in MAPIR to move to the next and previous screens. Do not use the Internet browser buttons as this could result in unexpected results.***

As you complete your incentive application you may receive validation messages requiring you to correct the data you entered. These messages will appear above the navigation button. See the Additional User Information section for more information.

Many MAPIR screens contain help icons to give the provider additional details about the information being requested. Moving your cursor over the will reveal additional text providing more details.


Fiscal Year
Total Dischar
For each reporting fiscal year, enter the total number of inpatient discharges for all patients regardless of health insurance coverage for all locations listed
patient Bed Days
Total Charges - All Discharges
Total Charges - Charity Care
10/01/2009-09/30/2010
* 10890
* $ 109878943
* $ 10990988
10/01/2008-09/30/2009

## *GETTING STARTED*

### PROGRAM PARTICIPATION DASHBOARD

The screen below, the Medicaid EHR Incentive Program Participation Dashboard, is the first screen you will see when you begin the MAPIR application process.

This screen displays your incentive applications. The incentive applications that you are eligible to apply for are enabled. Your incentive applications that are in a Completed status are also enabled; however, you may only view these applications.

The **Stage** is automatically associated with a stage of Meaningful Use that is required by the current CMS rules, or by the rules that were in effect at the time when the application was submitted. This column displays the Stage and Attestation Phase attained by the current and previous applications. The Stage column will be blank for incentive applications in a Not Started status.

You must attest to two years of Stage 1 Meaningful Use before proceeding to Stage 2 Meaningful Use, and three years of Stage 1 if you have attested to Meaningful Use in Program Year 2011. You must then proceed to attest to two years of Stage 2 Meaningful Use.

If it is your first year participating (Payment Year 1), the Stage column will be blank. Once you have submitted the incentive application, the Stage column will display Adoption, Implementation, Upgrade, or Meaningful Use.

If it is not your first year participating (Payment Year greater than 1), the Stage column will only display the Stage, not the Attestation Phase, until you submit the incentive application.

If you are a Dually Eligible hospital, the Stage column will display Adoption, Implementation, Upgrade, or Meaningful Use.

The **Status** will vary, depending on your progress with the incentive application. The first time you access the system the status should be **Not Started**.

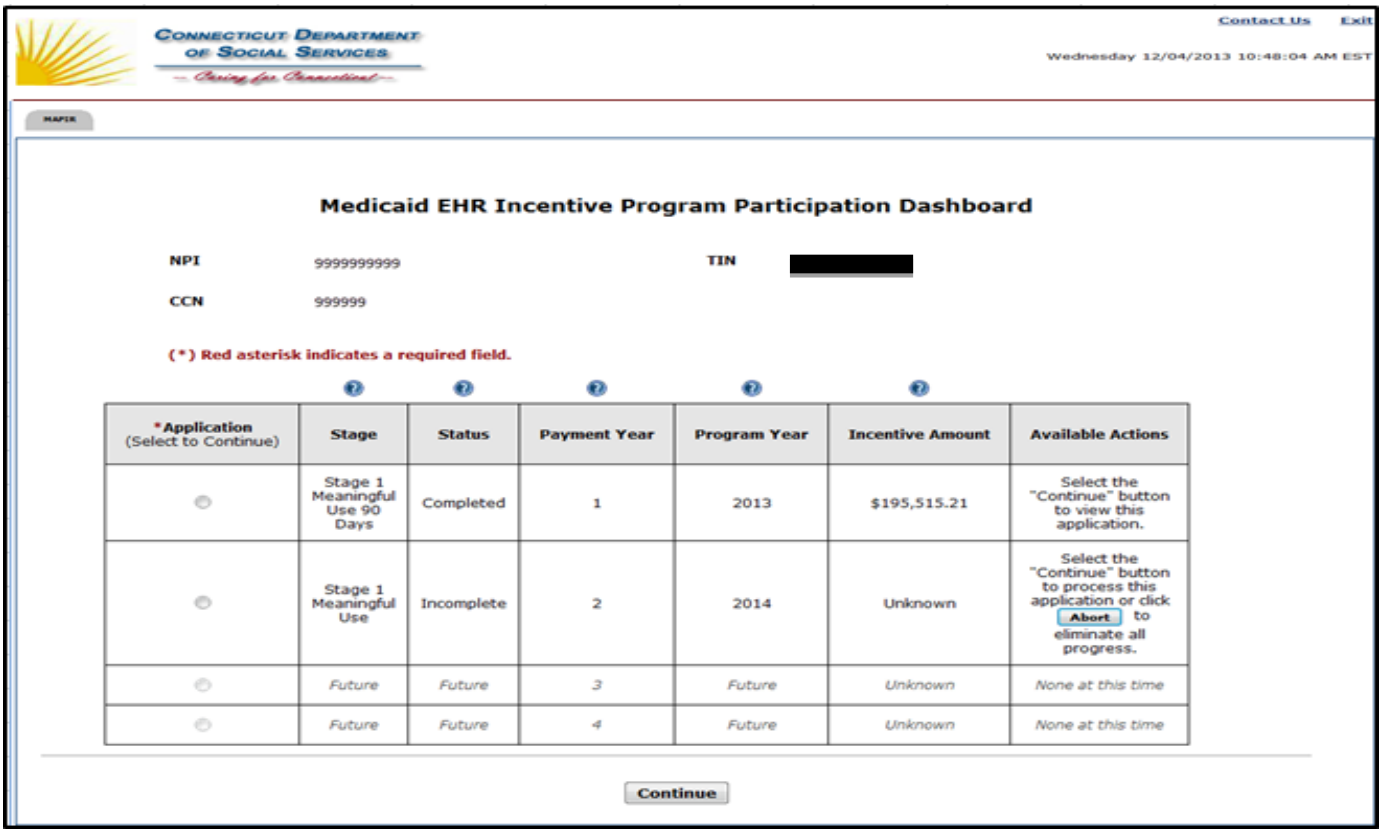
From this screen you can choose to edit and view incentive applications in an Incomplete or Not Started status. You can only view incentive applications that are in a Completed, Denied, or Expired status. Also from this screen, you can choose to abort an incentive application that is in an Incomplete status. When you click **Abort** on an incentive application, all progress will be eliminated for the incentive application.

When an incentive application has completed the payment process, the status will change to **Completed**.

The screen on the following page displays an EH that is in the second year of Stage 1 Meaningful Use.

Select an application and click **Continue**.

## ***GETTING STARTED (cont.)***




**Note:** A state may allow a grace period which extends the specific Payment Year for a configured length of time. If two applications are showing for the same Payment Year, but different Program Years, one of your incentive applications is in the grace period. In this situation, the following message will display at the bottom of the screen.

> *You are in the grace period for program year <Year> which began on <Date> and ends on <Date>. The grace period extends the amount of time to submit an application for the previous program year. You have the option to choose the previous program year or the current program year.*

You may only submit an application for one Program Year so once you select the application, the row for the application for the other Program Year will no longer display. If the incentive application is not completed by the end of the grace period, the status of the application will change to Expired and you will no longer have the option to submit the incentive application for that Program Year.

Once you choose the application you want to complete and click on continue, you will then see this page.

A status of *Not Registered at R&A* indicates that you have not registered at the R&A, or the information provided during the R&A registration process does not match that on file with Connecticut Medicaid Program. If you feel this status is not correct you can click the Contact Us link in the upper right for information on contacting the state Medicaid program office. A status of *Not Started* indicates that the R&A and Connecticut MMIS information have been matched and you can begin the application process.

Please verify that the Payment Year and the Program Year listed at the top of the page are the ones you chose to complete. The **Status** will vary, depending on your progress with the application. The first time you access the system the status should be **Not Started**.

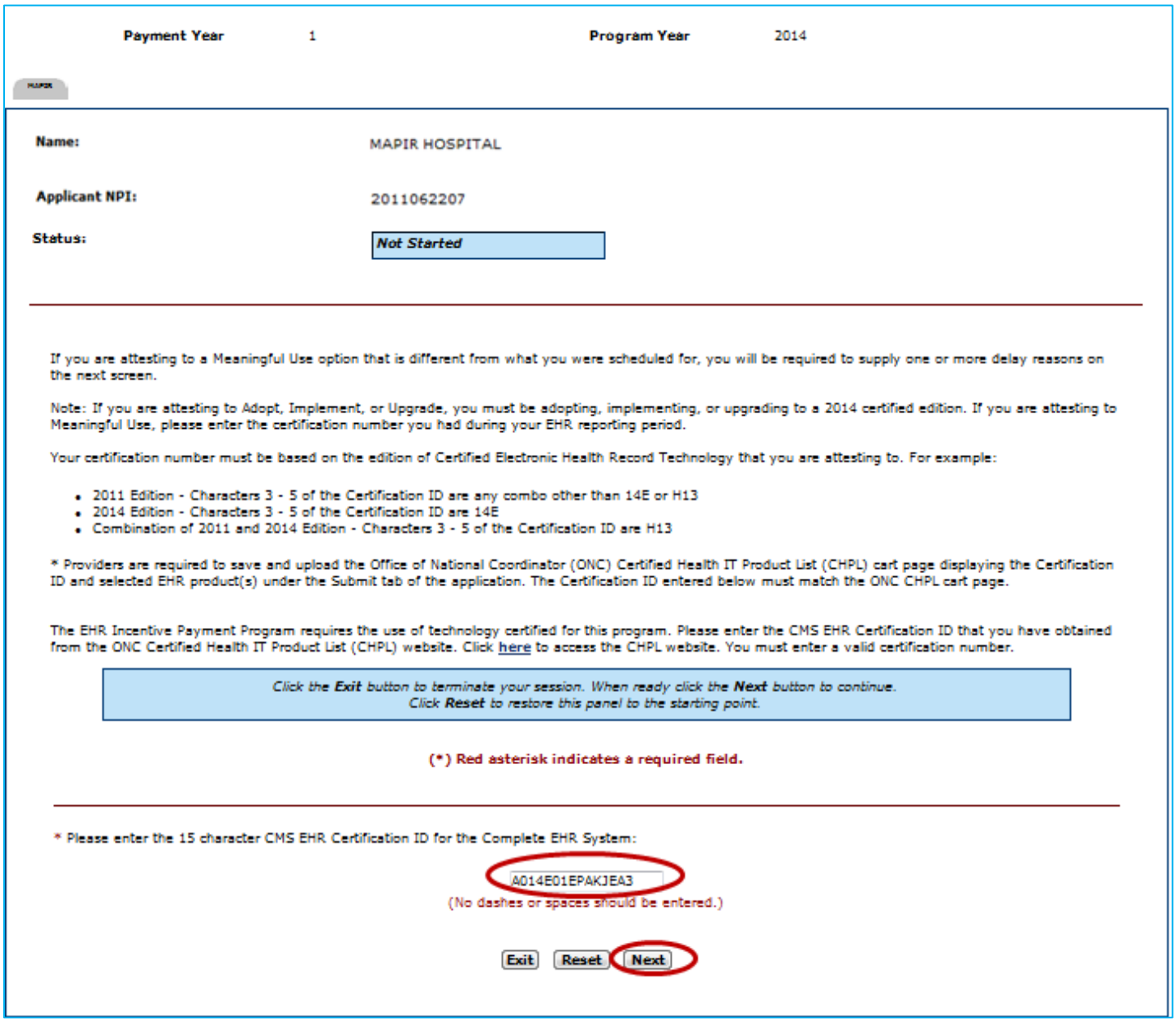
## ***GETTING STARTED (cont.)***

Enter the 15-character **CMS EHR Certification ID**.

Click **Next** to review your selection. Click **Reset** to restore this panel back to the starting point. Click **Exit** to exit MAPIR.

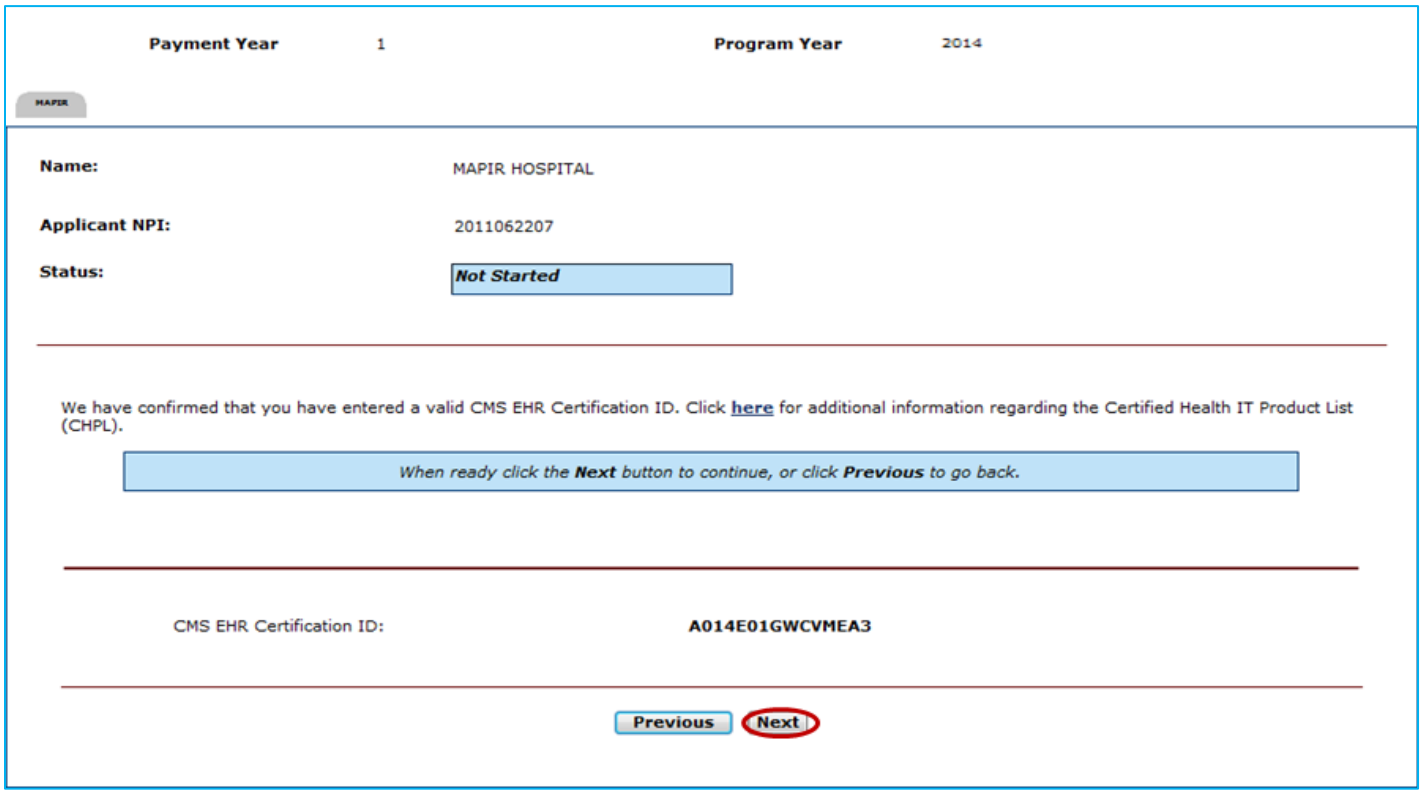
The system will perform an online validation of the CMS EHR Certification ID you entered.

*A CMS EHR Certification ID can be obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) website (http://onc-chpl.force.com/ehrcert)*


Payment Year 1
Program Year 2014
Name: MAPIR HOSPITAL
Applicant NPI: 2011062207
Status: Not Started
If you are attesting to a Meaningful Use option that is different from what you were scheduled for, you will be required to supply one or more delay reasons on the next screen.
Note: If you are attesting to Adopt, Implement, or Upgrade, you must be adopting, implementing, or upgrading to a 2014 certified edition. If you are attesting to Meaningful Use, please enter the certification number you had during your EHR reporting period.
Your certification number must be based on the edition of Certified Electronic Health Record Technology that you are attesting to. For example:
2011 Edition - Characters 3 - 5 of the Certification ID are any combo other than 14E or H13
2014 Edition - Characters 3 - 5 of the Certification ID are 14E
Combination of 2011 and 2014 Edition - Characters 3 - 5 of the Certification ID are H13
* Providers are required to save and upload the Office of National Coordinator (ONC) Certified Health IT Product List (CHPL) cart page displaying the Certification ID and selected EHR product(s) under the Submit tab of the application. The Certification ID entered below must match the ONC CHPL cart page.
The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click here to access the CHPL website. You must enter a valid certification number.
Click the Exit button to terminate your session. When ready click the Next button to continue.
Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
* Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:
A014E01EPAKJEA3
(No dashes or spaces should be entered.)
Exit
Reset
Next

## ***GETTING STARTED (cont.)***

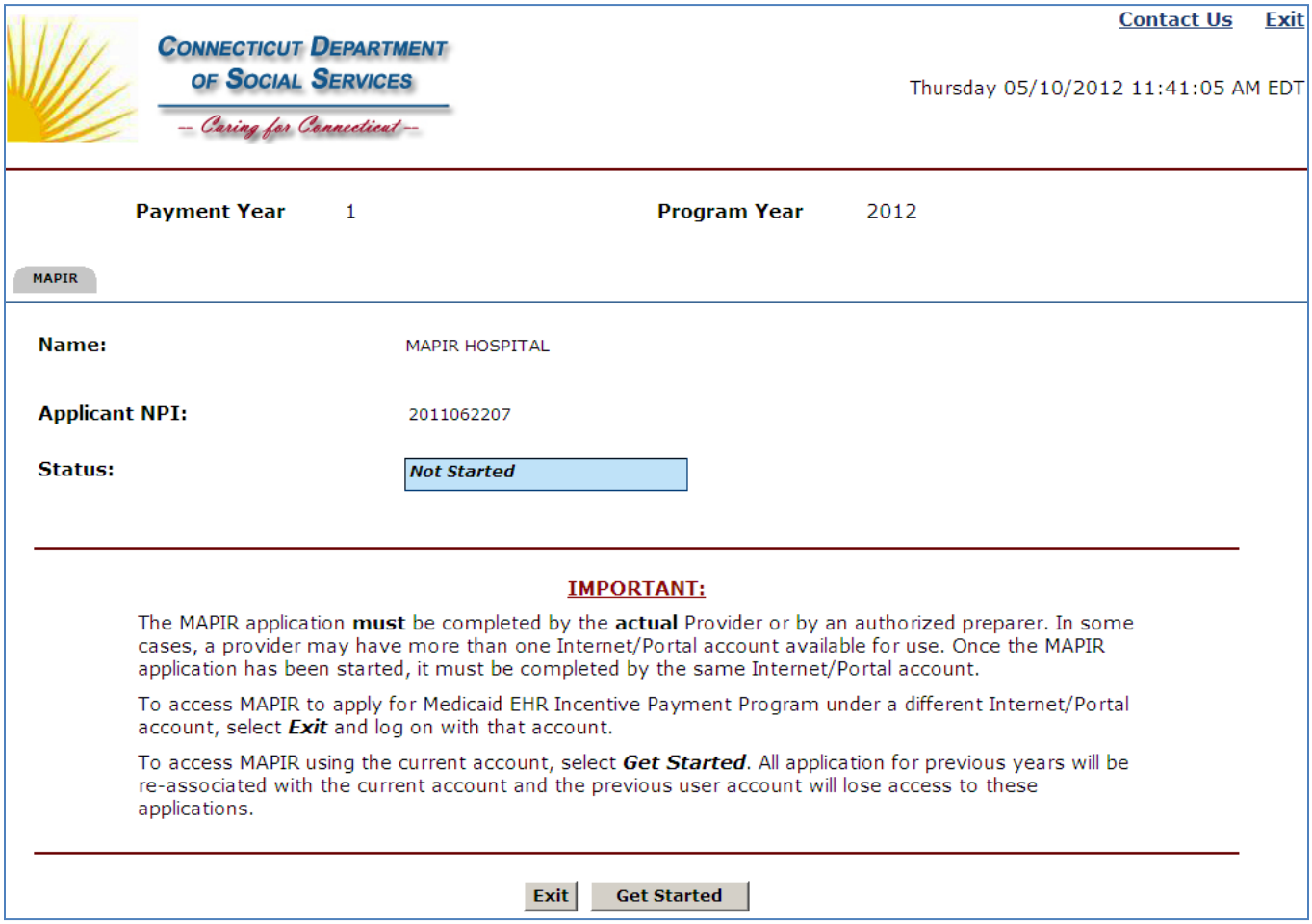
This screen confirms you successfully entered your **CMS EHR Certification ID**.
Click **Next** to continue, or click **Previous** to go back.


Payment Year 1
Program Year 2014
MAPIR
Name: MAPIR HOSPITAL
Applicant NPI: 2011062207
Status: Not Started
We have confirmed that you have entered a valid CMS EHR Certification ID. Click here for additional information regarding the Certified Health IT Product List (CHPL).
When ready click the Next button to continue, or click Previous to go back.
CMS EHR Certification ID: A014E01GWCVMEA3
Previous
Next

## ***GETTING STARTED (cont.)***

Click **Get Started** to access the **Get Started** screen or **Exit** to close the program.

If you click **Exit** or close the browser prior to clicking the **Get Started** button, you will lose the data you entered on the previous screens.


Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Thursday 05/10/2012 11:41:05 AM EDT
Payment Year 1
Program Year 2012
MAPIR
Name:
MAPIR HOSPITAL
Applicant NPI:
2011062207
Status:
Not Started
IMPORTANT:
The MAPIR application must be completed by the actual Provider or by an authorized preparer. In some cases, a provider may have more than one Internet/Portal account available for use. Once the MAPIR application has been started, it must be completed by the same Internet/Portal account.
To access MAPIR to apply for Medicaid EHR Incentive Payment Program under a different Internet/Portal account, select Exit and log on with that account.
To access MAPIR using the current account, select Get Started. All application for previous years will be re-associated with the current account and the previous user account will lose access to these applications.
Exit
Get Started

## ***GETTING STARTED (cont.)***

If you selected an incentive application that you are not associated with, you will receive a message indicating that a different Internet/Portal account has already started the Medicaid EHR Incentive Payment Program application process and that the same Internet/Portal account must be used to access the application for this Provider ID. If you are the new user for the provider and want to access the previous applications, you will need to contact ctmedicaid-ehr@hp.com for assistance.

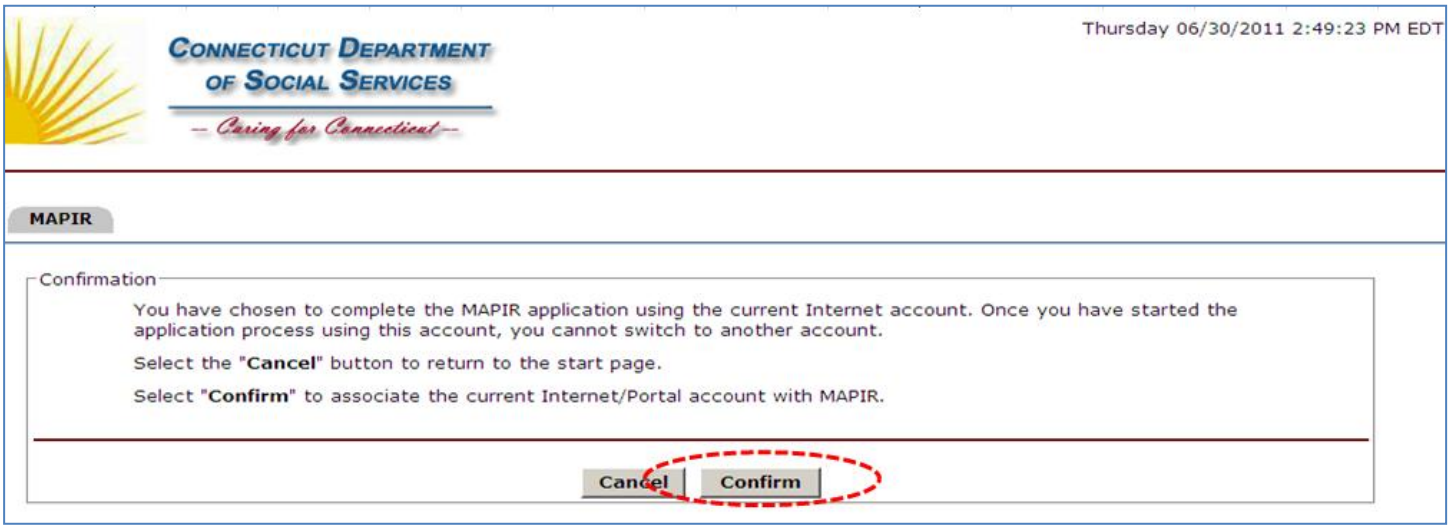
Click **Confirm** to associate the current Internet/Portal account with this incentive application.

The applicant can either:

- Select **Cancel** and return to the ***Get Started*** screen;

or,

- Select **Confirm** to associate the current Internet/Portal account with this incentive application.


Thursday 06/30/2011 2:49:23 PM EDT
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
MAPIR
Confirmation
You have chosen to complete the MAPIR application using the current Internet account. Once you have started the application process using this account, you cannot switch to another account.
Select the "Cancel" button to return to the start page.
Select "Confirm" to associate the current Internet/Portal account with MAPIR.
Cancel
Confirm

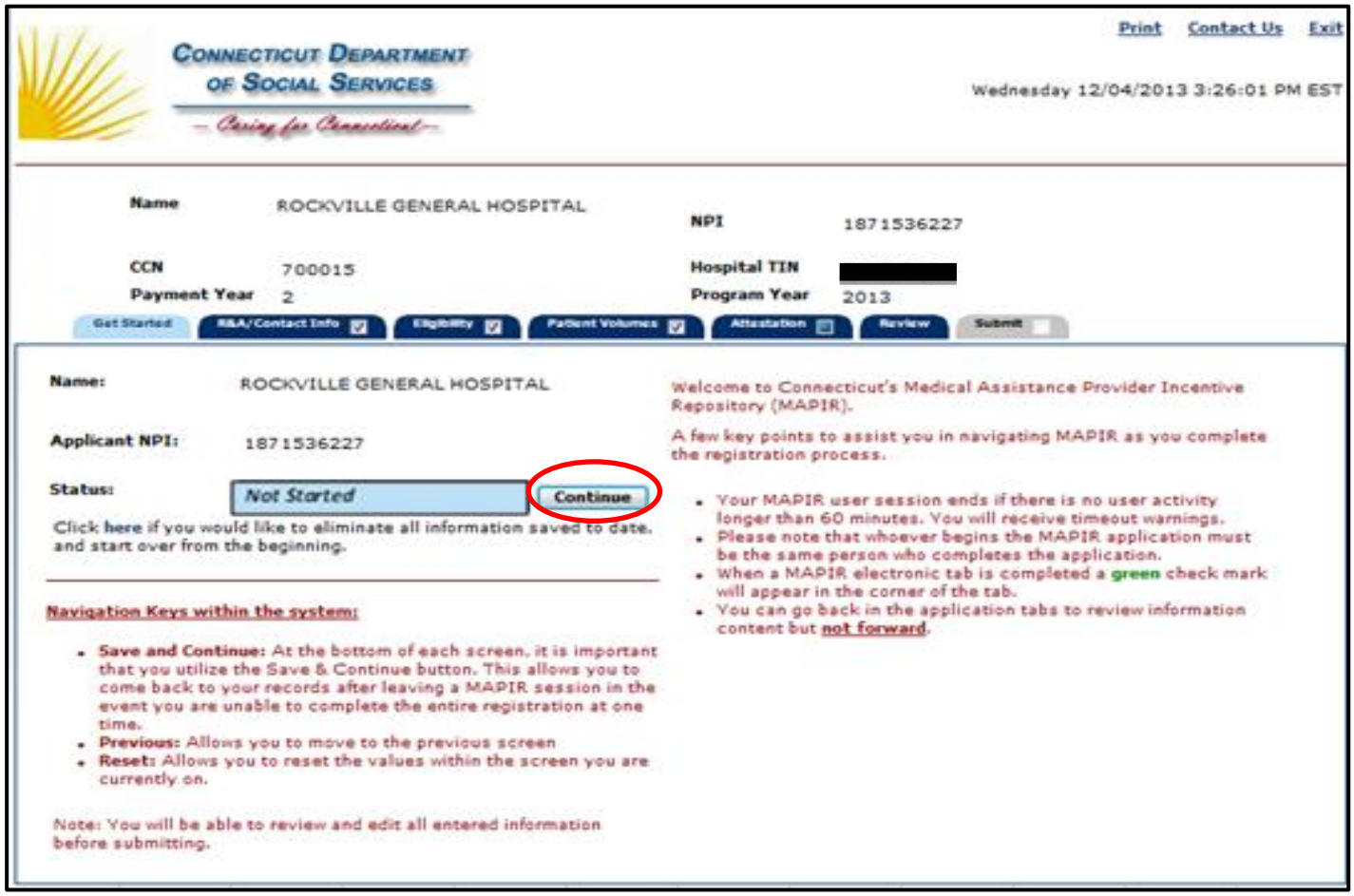
If you have a State-to-State Switch or Program Switch incentive application, you will not be able to proceed beyond this point. MAPIR is unable to assign a Stage to your incentive application. Click on "Contact Us" for further assistance.

There are ***information pages*** throughout the MAPIR Application that include guidance on how to complete the MAPIR Application. For example, this first screen includes general information about MAPIR and how the provider should navigate through the MAPIR Application.

## ***GETTING STARTED (cont.)***

The **Get Started** screen also contains information that includes your facility **Name** and **Applicant NPI**. Also included is the current status of your application.

Click **Continue** to proceed to the **R&A/Contact Info** section.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Wednesday 12/04/2013 3:26:01 PM EST
Name ROCKVILLE GENERAL HOSPITAL
NPI 1871536227
CCN 700015
Hospital TIN [redacted]
Payment Year 2
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Name: ROCKVILLE GENERAL HOSPITAL
Applicant NPI: 1871536227
Status: Not Started
Continue
Click here if you would like to eliminate all information saved to date, and start over from the beginning.
Navigation Keys within the system:
Save and Continue: At the bottom of each screen, it is important that you utilize the Save & Continue button. This allows you to come back to your records after leaving a MAPIR session in the event you are unable to complete the entire registration at one time.
Previous: Allows you to move to the previous screen
Reset: Allows you to reset the values within the screen you are currently on.
Note: You will be able to review and edit all entered information before submitting.
Welcome to Connecticut's Medical Assistance Provider Incentive Repository (MAPIR).
A few key points to assist you in navigating MAPIR as you complete the registration process.
Your MAPIR user session ends if there is no user activity longer than 60 minutes. You will receive timeout warnings.
Please note that whoever begins the MAPIR application must be the same person who completes the application.
When a MAPIR electronic tab is completed a green check mark will appear in the corner of the tab.
You can go back in the application tabs to review information content but not forward.

## ***HOSPITAL R&A AND CONTACT INFORMATION***

When you completed the R&A registration, your registration information was sent to Connecticut Medicaid program. This section will ask you to confirm the information sent by the R&A and matched with Connecticut Medicaid program information. It is important to review this information carefully. The R&A information can only be changed at the R&A but Contact Information can be changed at any time prior to application submission.

The initial **R&A/Contact Info** screen contains information about this section.

Click **Begin** to access the **R&A/Contact Info** screen to confirm information and to enter your contact information.

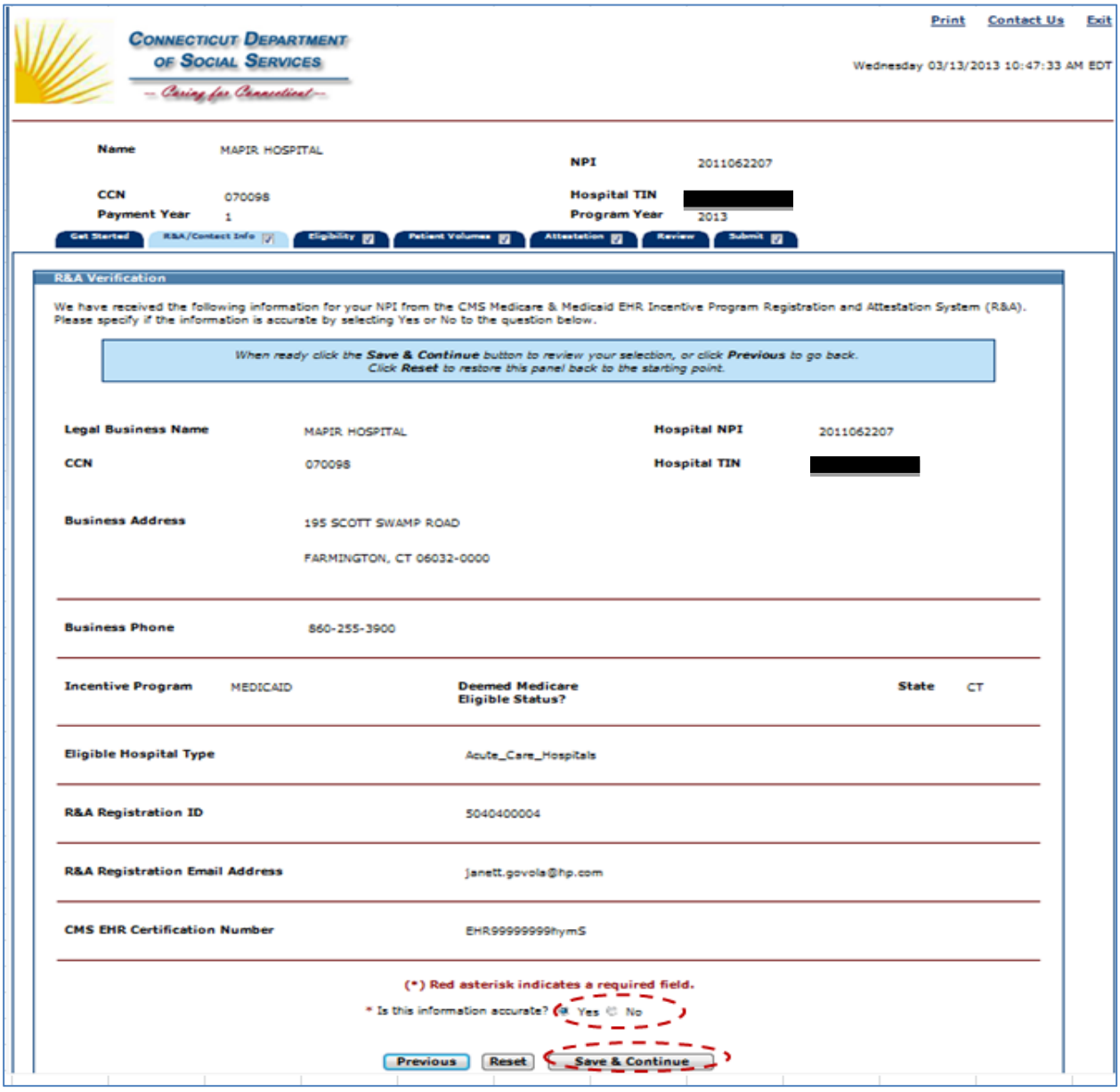
See the Using MAPIR section of this guide for information on using the **Print**, **Contact Us**, and **Exit** links.

Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Tuesday 03/12/2013 1:20:24 PM EDT
Name
MAPIR HOSPITAL
NPI
2011062207
CCN
070098
Hospital TIN
Payment Year
1
Program Year
2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
The information you provided to the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) will be displayed in this section.
You will need to verify the accuracy of information provided by the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). If there are errors or discrepancies in the information, you need to return to the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) to make these updates prior to moving forward in the MAPIR application process.
The following link will take you to the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) to correct any errors noted: https://ehrincentives.cms.gov/hitech/login.action
Begin

## ***HOSPITAL R&A AND CONTACT INFORMATION (cont.)***

Check your information carefully to ensure all of it is accurate.

Compare the R&A Registration ID you received when you registered with the R&A with the **R&A Registration ID** that is displayed.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Wednesday 03/13/2013 10:47:33 AM EDT
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Payment Year 1
Hospital TIN [redacted]
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
R&A Verification
We have received the following information for your NPI from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). Please specify if the information is accurate by selecting Yes or No to the question below.
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel back to the starting point.
Legal Business Name MAPIR HOSPITAL
Hospital NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Business Address 195 SCOTT SWAMP ROAD
FARMINGTON, CT 06032-0000
Business Phone 860-255-3900
Incentive Program MEDICAID
Deemed Medicare Eligible Status?
State CT
Eligible Hospital Type Acute_Care_Hospitals
R&A Registration ID 5040400004
R&A Registration Email Address janett.govola@hp.com
CMS EHR Certification Number EHR99999999hymS
(*) Red asterisk indicates a required field.
* Is this information accurate? Yes No
Previous
Reset
Save & Continue

After reviewing the information click **Yes** or **No**.

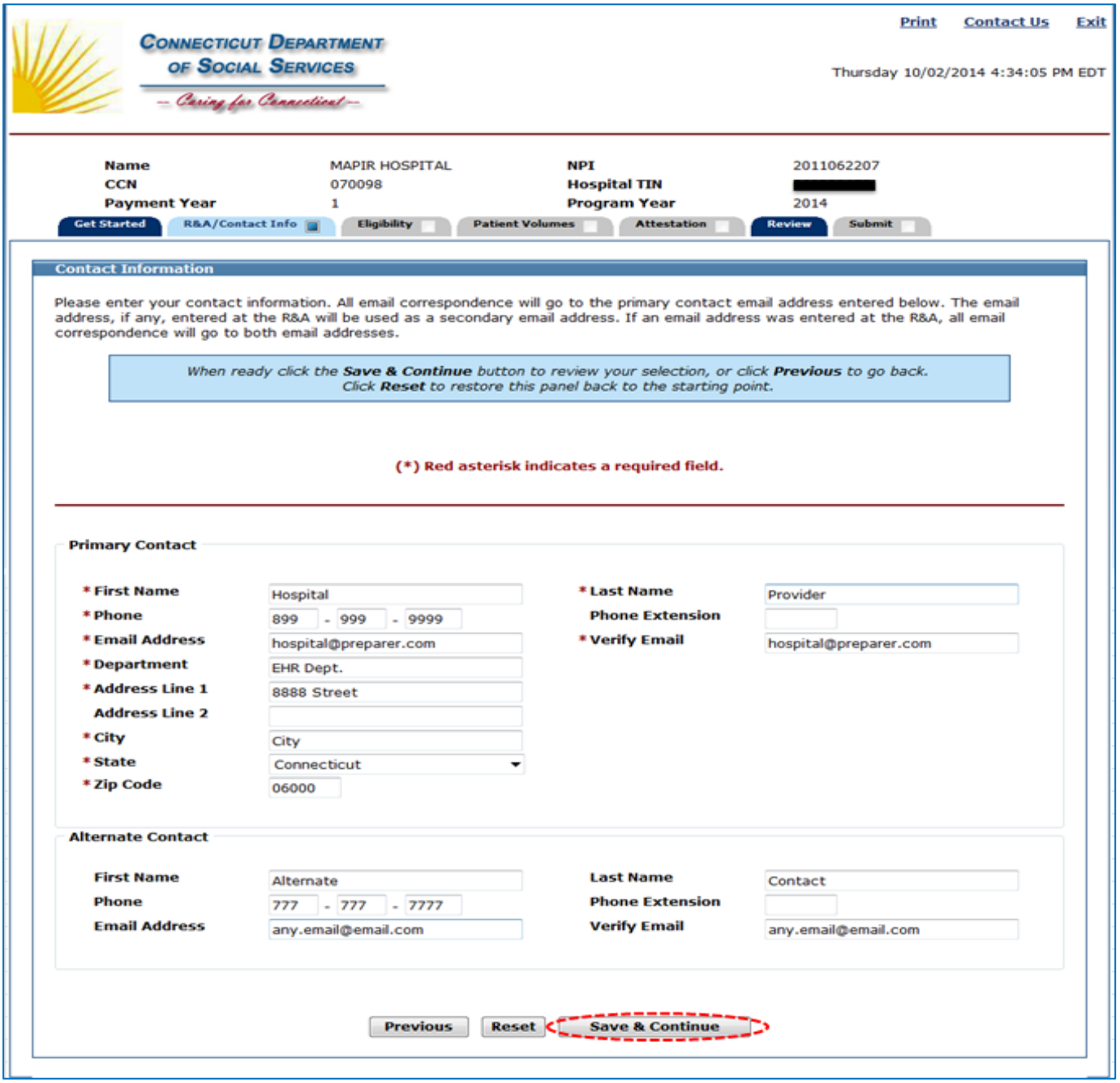
Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point. The Reset button will not reset R&A information. If the R&A information is not correct you will need to return to the R&A to correct it.

## ***HOSPITAL R&A AND CONTACT INFORMATION (cont.)***

Enter a **Contact Name** and **Contact Phone**.

Enter a **Contact Email Address** twice for verification.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
– Caring for Connecticut –
Thursday 10/02/2014 4:34:05 PM EDT
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Payment Year 1
Program Year 2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Contact Information
Please enter your contact information. All email correspondence will go to the primary contact email address entered below. The email address, if any, entered at the R&A will be used as a secondary email address. If an email address was entered at the R&A, all email correspondence will go to both email addresses.
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel back to the starting point.
(*) Red asterisk indicates a required field.
Primary Contact
*First Name Hospital
*Last Name Provider
*Phone 899 - 999 - 9999
Phone Extension
*Email Address hospital@preparer.com
*Verify Email hospital@preparer.com
*Department EHR Dept.
*Address Line 1 8888 Street
Address Line 2
*City City
*State Connecticut
*Zip Code 06000
Alternate Contact
First Name Alternate
Last Name Contact
Phone 777 - 777 - 7777
Phone Extension
Email Address any.email@email.com
Verify Email any.email@email.com
Previous
Reset
Save & Continue

## ***HOSPITAL R&A AND CONTACT INFORMATION (cont.)***

This screen confirms you successfully completed the **R&A/Contact Info** section.

Note the check box located in the **R&A/Contact Info** tab. You can return to this section to update the Contact Information at any time prior to submitting your application.

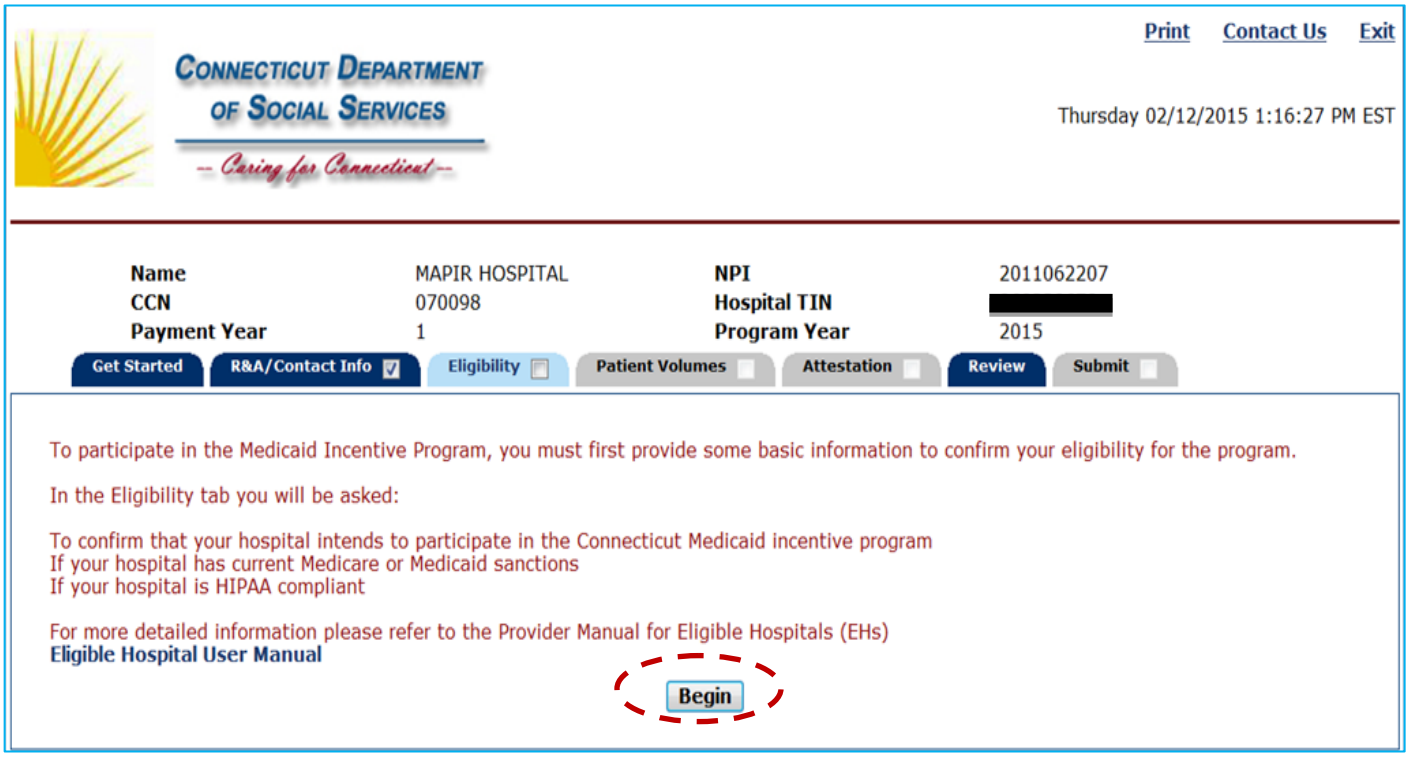
Click **Continue** to proceed to the **Eligibility** section.

## ***ELIGIBILTY***

The Eligibility section will ask questions to allow Connecticut Medicaid program to make a determination regarding your eligibility for the Medicaid EHR Incentive Payment Program.

The initial **Eligibility** screen contains information about this section.

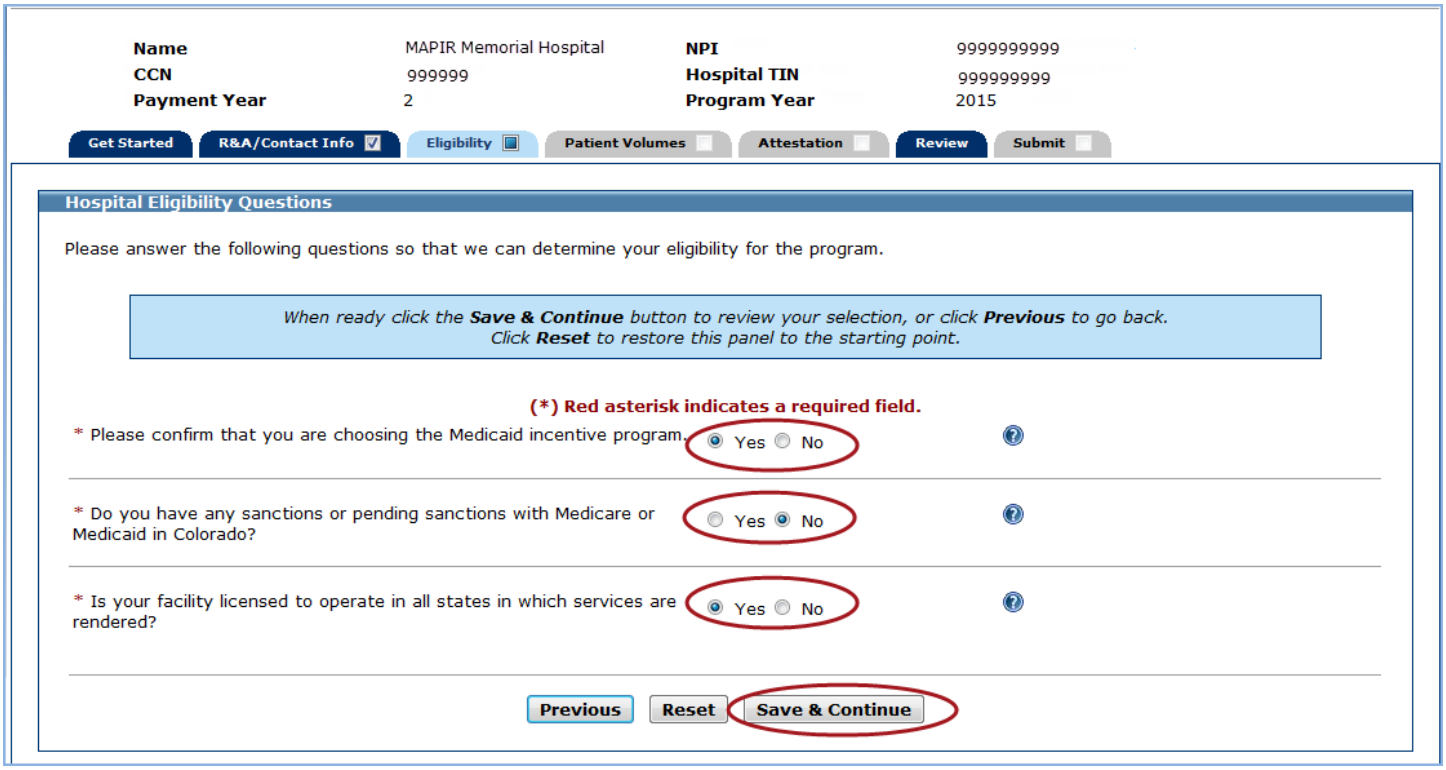
Click **Begin** to proceed to the **Hospital Eligibility Questions**.



## ***ELIGIBILTY (cont.)***

Select **Yes** or **No** to the eligibility questions.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

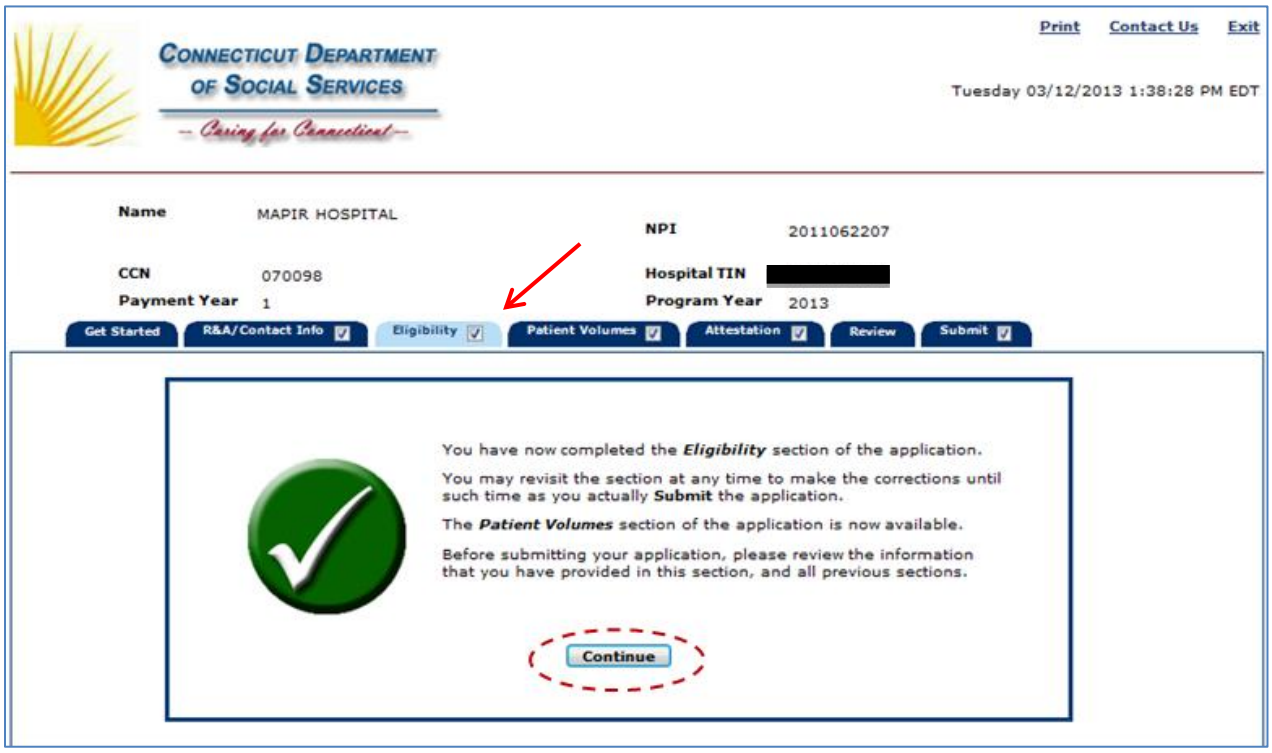


## ***ELIGIBILTY (cont.)***

This screen confirms you successfully completed the **Eligibility** section.

Note the check box in the **Eligibility** tab.

Click **Continue** to proceed to the **Patient Volumes** section.



## ***PATIENT VOLUMES***

The Patient Volumes section gathers information about your facility locations, the 90-day period you intend to use for reporting the Medicaid patient volume requirement, and the actual patient volumes. Additionally, you will be asked about how you utilize your certified EHR technology.

- An acute care hospital must have at least a 10 percent Medicaid patient volume for each year for which the hospital seeks an EHR incentive payment.
- A children's hospital is exempt from meeting a patient volume threshold

There are three parts to the Patient Volumes section:

Part 1 of 3 establishes the 90-day period for reporting patient volumes. This 90-day period must be in the preceding fiscal year or in the 12 months preceding the attestation date by the total encounters in the same 90 day period. DSS encourages providers to select the previous fiscal year as a continuous 90-day volume reporting period to ensure a date range is selected that falls within the last completed fiscal year. Also, while MAPIR will allow providers to select 12 Months Preceding Attestation Date – CT cannot support that selection. Providers will be directed to select the last completed fiscal year preceding the payment year. Furthermore, EHs who select 12 months preceding attestations may experience a delay in payment.

Part 2 of 3 contains screens to enter locations for reporting **Medicaid Patient Volumes** and at least one location for **Utilizing Certified EHR Technology**, adding locations, and entering patient volumes for the chosen reporting period. You will be asked to enter the total CT Medicaid encounters in the continuous 90-day period in the preceding fiscal year and the total encounters in the same 90-day period.

Part 3 of 3 contains screens to enter your hospital **Patient Volume Cost Data** information. This information will be used to calculate your hospital incentive payment amount. This will be accessible in Year One only, this screen will already be completed in second payment year's attestation and cannot be modified.

Hospitals will be required to provide and attest to the following information for the incentive payment to be calculated:

- Total Discharges (inpatient) for the most recent 4 fiscal years
- Total Number of Medicaid Inpatient Bed Days
- Total Number of Inpatient Bed Days
- Total Charges for all Inpatient and Outpatient (no exclusions*)
- Total Charges for Charity Care for all Inpatient and Outpatient (no exclusions*)

Note: All bed day totals and discharges should exclude nursery, psych and rehab days. *Do not exclude nursery, psych and rehab from Charges.

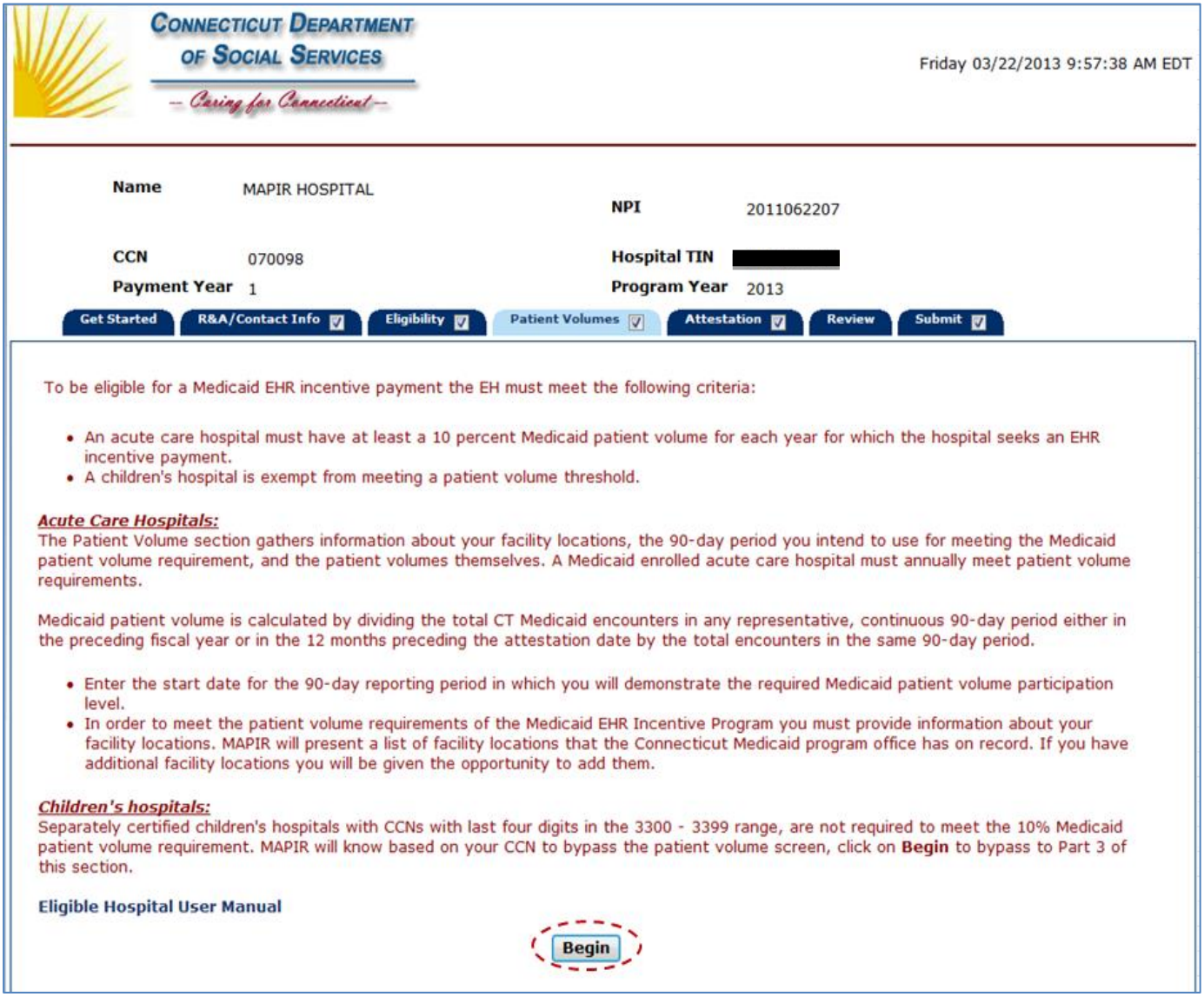
*Children's hospitals (separately certified children's hospitals with CCNs with last four digits in the 3300 – 3399 range) are not required to meet the 10% Medicaid patient volume requirement. Based on a hospital's CCN, MAPIR will bypass these patient volume screens*.

## ***PATIENT VOLUMES (cont.)***

The initial **Patient Volumes** screen contains information about this section.

If you represent a Children's hospital, click **Begin** to go to the **Patient Volume Cost Data (Part 3 of 3)**, **Note**: **Children's Hospitals will not see any patient volume related screens. If you are a Children's Hospital please click here to advance to the next appropriate page in the user guide.**

If you represent an Acute Care or Critical Access Hospital, click **Begin** to proceed to the **Patient Volume 90 Day Period (Part 1 of 3)** screen.


CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
– Caring for Connecticut –
Friday 03/22/2013 9:57:38 AM EDT
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Payment Year 1
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
To be eligible for a Medicaid EHR incentive payment the EH must meet the following criteria:
An acute care hospital must have at least a 10 percent Medicaid patient volume for each year for which the hospital seeks an EHR incentive payment.
A children's hospital is exempt from meeting a patient volume threshold.
Acute Care Hospitals:
The Patient Volume section gathers information about your facility locations, the 90-day period you intend to use for meeting the Medicaid patient volume requirement, and the patient volumes themselves. A Medicaid enrolled acute care hospital must annually meet patient volume requirements.
Medicaid patient volume is calculated by dividing the total CT Medicaid encounters in any representative, continuous 90-day period either in the preceding fiscal year or in the 12 months preceding the attestation date by the total encounters in the same 90-day period.
Enter the start date for the 90-day reporting period in which you will demonstrate the required Medicaid patient volume participation level.
In order to meet the patient volume requirements of the Medicaid EHR Incentive Program you must provide information about your facility locations. MAPIR will present a list of facility locations that the Connecticut Medicaid program office has on record. If you have additional facility locations you will be given the opportunity to add them.
Children's hospitals:
Separately certified children's hospitals with CCNs with last four digits in the 3300 - 3399 range, are not required to meet the 10% Medicaid patient volume requirement. MAPIR will know based on your CCN to bypass the patient volume screen, click on Begin to bypass to Part 3 of this section.
Eligible Hospital User Manual
Begin

## ***PATIENT VOLUMES (cont.)***

### Part 1 of 3 – Patient Volume 90 Day Period

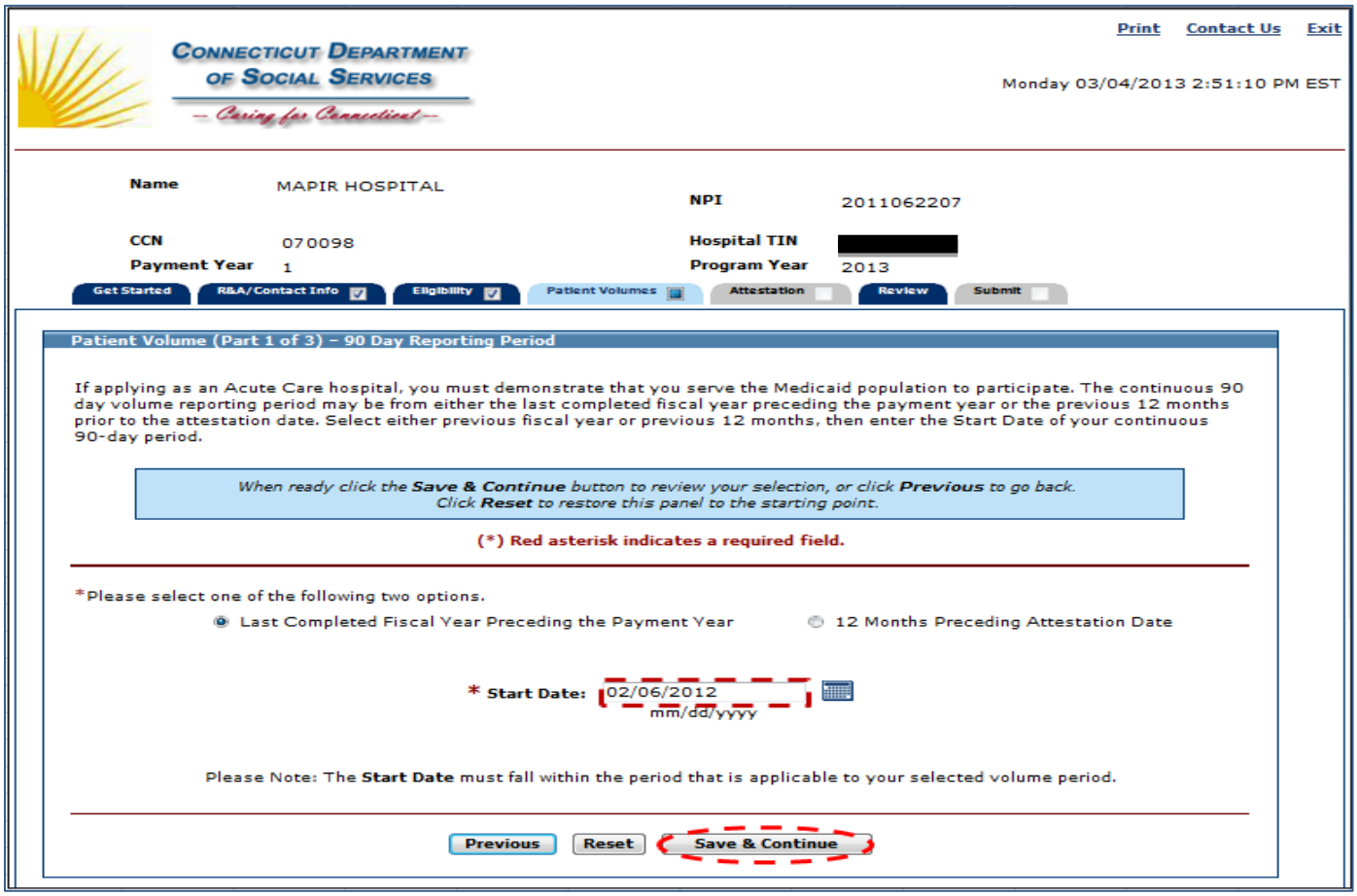
The Patient Volume 90 Day Period section collects information about the Medicaid Patient Volume reporting period. Enter the start date for the 90 day reporting period in which you will demonstrate the required Medicaid patient volume participation level. The start date is the first day of the continuous 90-day period for reporting patient volume in the preceding fiscal year or in the 12 months preceding the attestation date by the total encounters in the same 90 day period. DSS encourages you to select the previous fiscal year as a continuous 90-day volume reporting period to ensure a date range is selected that falls within the last completed fiscal year and then enter your start date.

NOTE: While MAPIR will allow providers to select 12 Months Preceding Attestation Date – CT cannot support that selection. Providers will be directed to select the last completed fiscal year preceding the payment year. Furthermore, EHs who select 12 months preceding attestations may result in a delay in payment.

> EXAMPLE: If requesting an EHR Incentive payment for 2012, the start of your continuous 90-day period must start and end between October 1, 2010 and September 30, 2011, the preceding fiscal year.

Enter a **Start Date** or select one from the calendar icon located to the right of the **Start Date** field.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point or last saved values.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Contact Us
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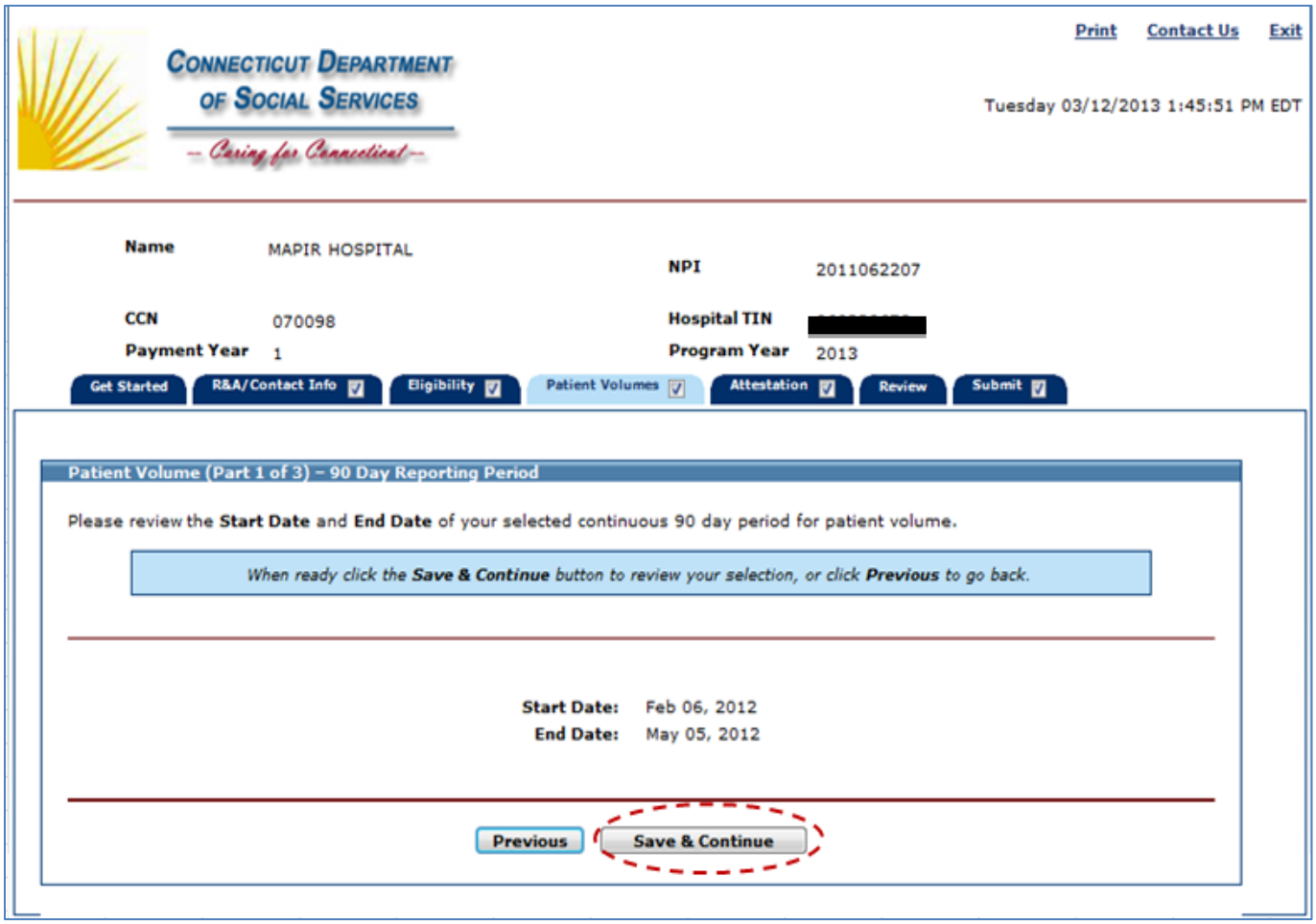
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Monday 03/04/2013 2:51:10 PM EST
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Payment Year 1
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Patient Volume (Part 1 of 3) – 90 Day Reporting Period
If applying as an Acute Care hospital, you must demonstrate that you serve the Medicaid population to participate. The continuous 90 day volume reporting period may be from either the last completed fiscal year preceding the payment year or the previous 12 months prior to the attestation date. Select either previous fiscal year or previous 12 months, then enter the Start Date of your continuous 90-day period.
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
*Please select one of the following two options.
Last Completed Fiscal Year Preceding the Payment Year
12 Months Preceding Attestation Date
* Start Date: 02/06/2012
mm/dd/yyyy
Please Note: The Start Date must fall within the period that is applicable to your selected volume period.
Previous
Reset
Save & Continue

## ***PATIENT VOLUMES (cont.)***

Review the **Start Date** and **End Date** information. The 90 Day **End Date** has been calculated for you.

Click **Save & Continue** to review your selection, or click **Previous** to go back.



## ***PATIENT VOLUMES (cont.)***

### ***Part 2 of 3 - Patient Volume Enter Volumes***

Once you have determined what time period to report patient volumes, MAPIR will display your practice location(s) on file with the Connecticut Medical Assistance program office according to the NPI entered in your CMS R&A Registration. You must select at least one location where you are meeting Medicaid patient volume thresholds AND you are utilizing EHR technology. The information will be used to determine your eligibility for the incentive program.

For purposes of calculating hospital patient volume a Medicaid encounter means–

- Services rendered to a Medicaid FFS, Medicaid for Low Income Adults (MLIA) or HUSKY A individual per inpatient discharge where Medicaid, MLIA or HUSKY A paid for part or all of the service, or paid for part or all of the individual's premiums, co-payments and/or cost-sharing
- Services rendered in an emergency department (ED) in any one day where Medicaid, MLIA or HUSKY A paid for part or all of the service, or paid for part or all of the individual's premiums, co-payments and/or cost-sharing.

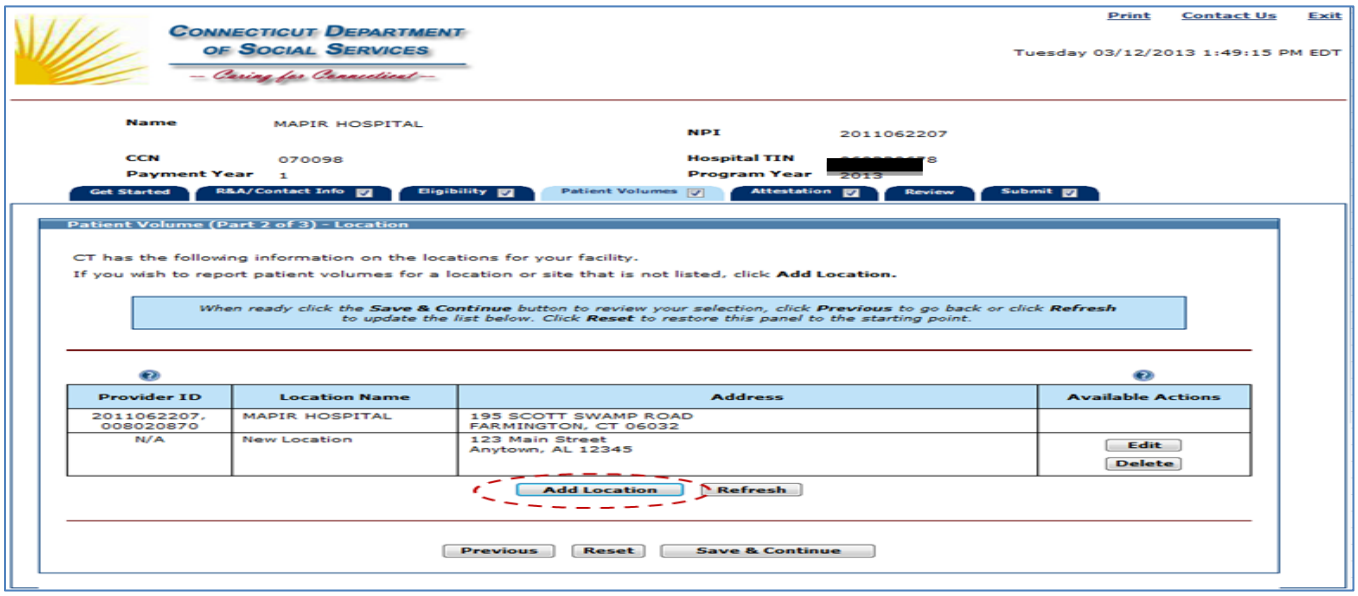
NOTE: Some hospitals use different NPIs for their inpatient and outpatient services. Only their inpatient NPI/AVRS ID will show in MAPIR. In order to include emergency department services a provider may need to add the outpatient facility location to MAPIR.

If you have additional locations that you need in order to enter Patient Volume information you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information. All locations added to MAPIR should be under the same Centers for Medicare and Medicaid Programs (CMS) Certification Number (CCN) entered on your CMS R&A Registration.

In order to meet the requirements of the Medicaid EHR Incentive Program, you must provide information about your facility. The information will be used to determine your eligibility for the incentive program.

Facility locations – MAPIR will present a list of locations that the state Medicaid program office has on record. If you have additional locations you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

Review the listed locations. Add new locations by clicking **Add Location**.

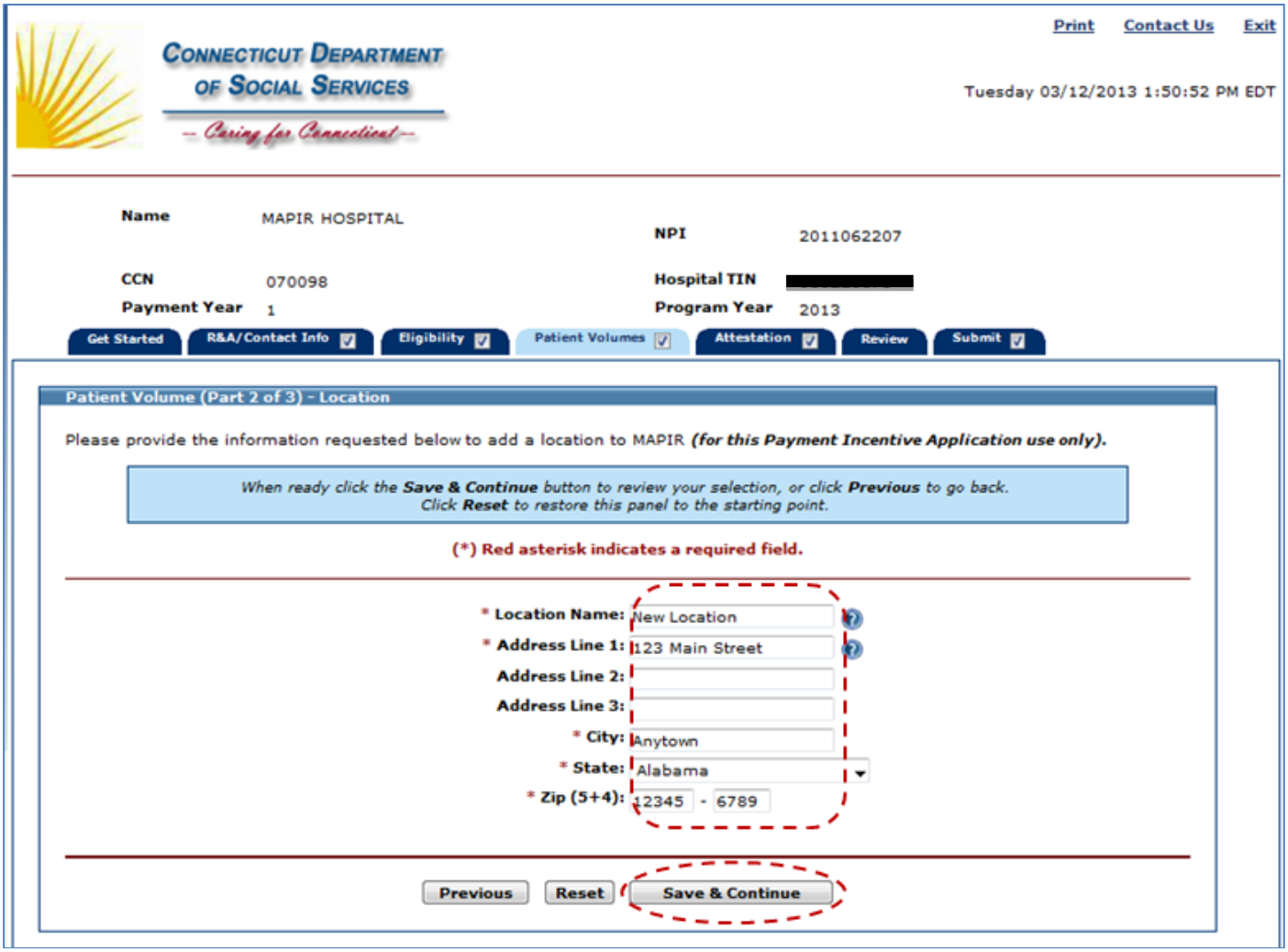


## ***PATIENT VOLUMES (cont.)***

If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested information for your new location.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.



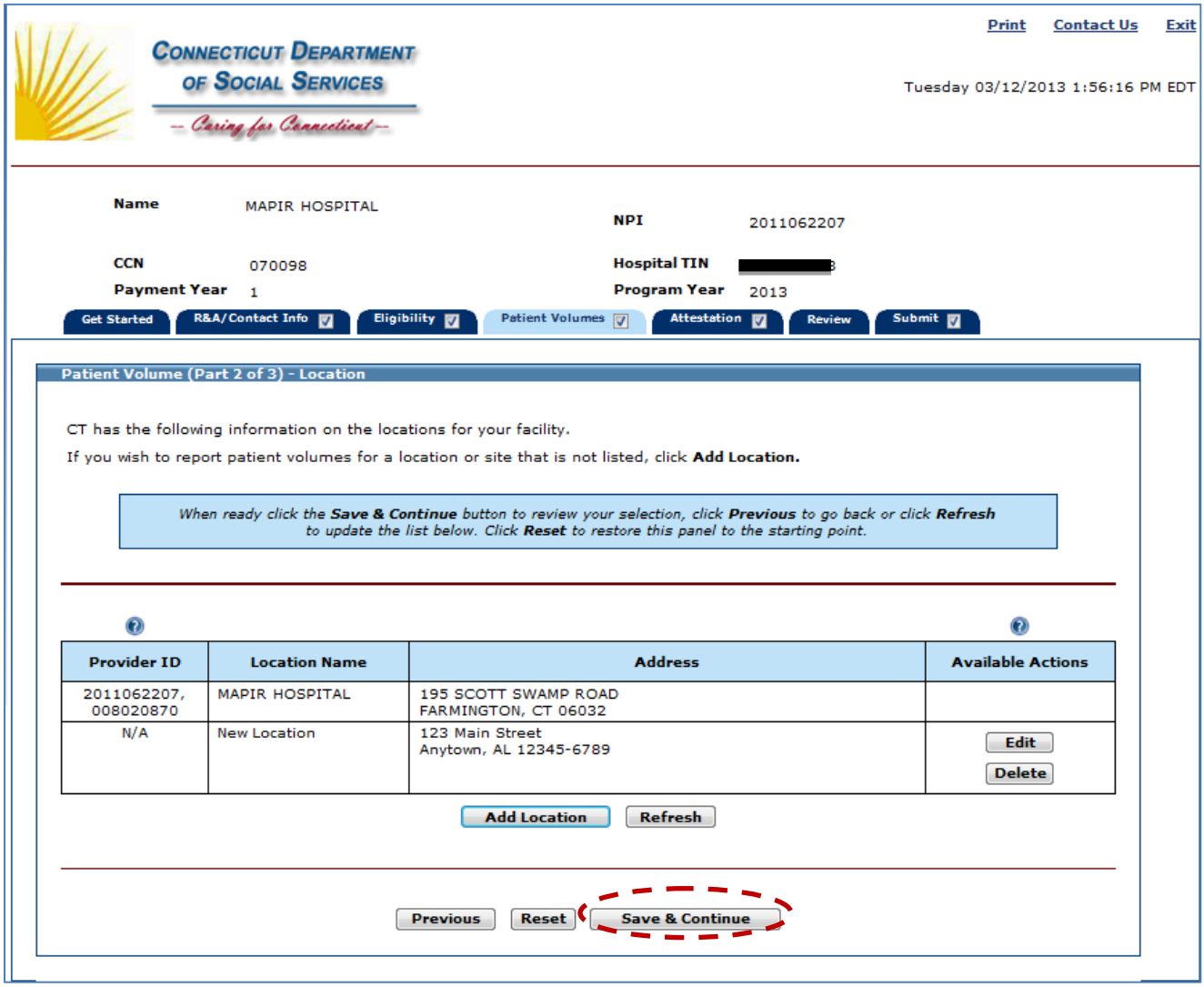
## ***PATIENT VOLUMES (cont.)***

In this example the screen shows one location on file and one added location.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

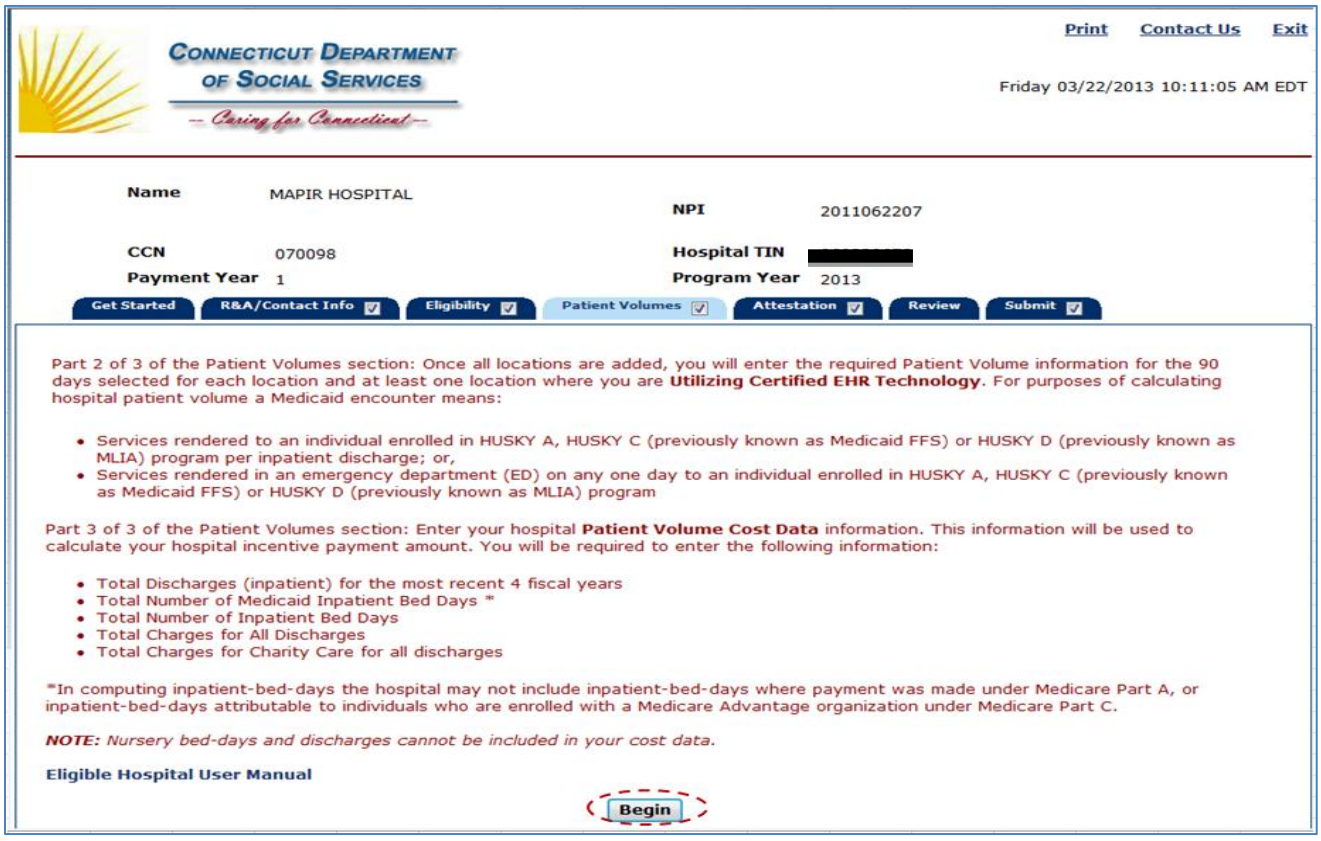
*Note: The **Edit** and **Delete** options are not available for locations already on file.*

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.



## ***PATIENT VOLUMES (cont.)***

Click **Begin** to proceed to the screens where you will enter patient volumes.


Print
Contact Us
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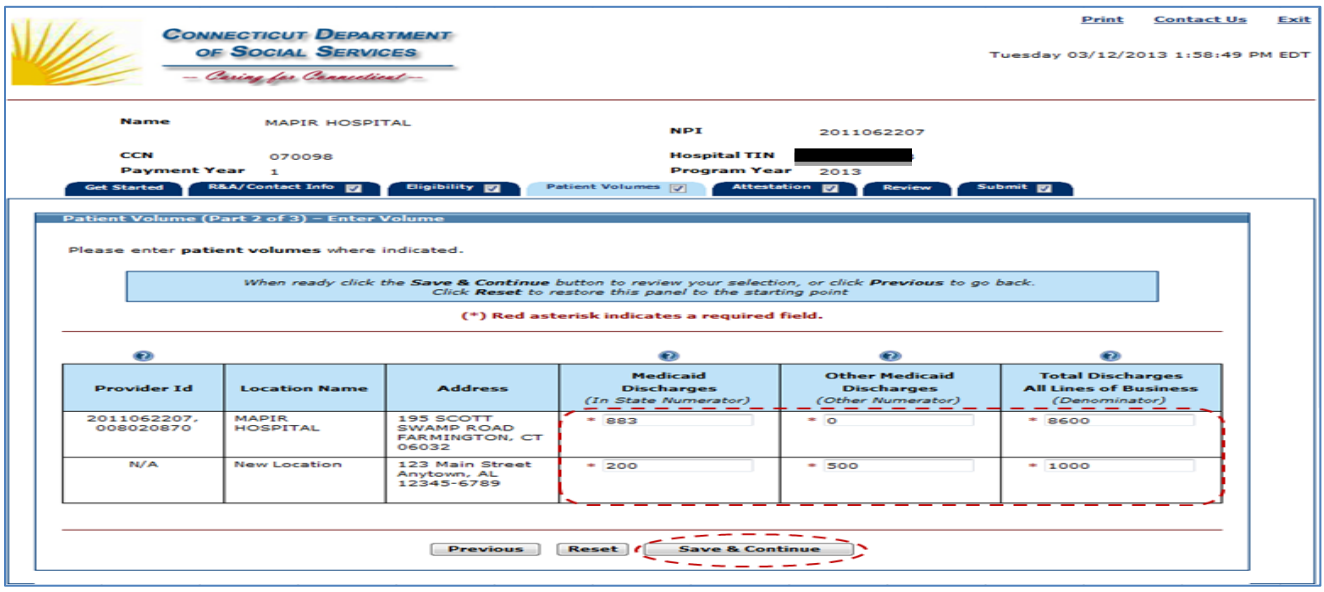
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
– Caring for Connecticut –
Friday 03/22/2013 10:11:05 AM EDT
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Payment Year 1
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Part 2 of 3 of the Patient Volumes section: Once all locations are added, you will enter the required Patient Volume information for the 90 days selected for each location and at least one location where you are Utilizing Certified EHR Technology. For purposes of calculating hospital patient volume a Medicaid encounter means:
• Services rendered to an individual enrolled in HUSKY A, HUSKY C (previously known as Medicaid FFS) or HUSKY D (previously known as MLIA) program per inpatient discharge; or,
• Services rendered in an emergency department (ED) on any one day to an individual enrolled in HUSKY A, HUSKY C (previously known as Medicaid FFS) or HUSKY D (previously known as MLIA) program
Part 3 of 3 of the Patient Volumes section: Enter your hospital Patient Volume Cost Data information. This information will be used to calculate your hospital incentive payment amount. You will be required to enter the following information:
• Total Discharges (inpatient) for the most recent 4 fiscal years
• Total Number of Medicaid Inpatient Bed Days *
• Total Number of Inpatient Bed Days
• Total Charges for All Discharges
• Total Charges for Charity Care for all discharges
*In computing inpatient-bed-days the hospital may not include inpatient-bed-days where payment was made under Medicare Part A, or inpatient-bed-days attributable to individuals who are enrolled with a Medicare Advantage organization under Medicare Part C.
NOTE: Nursery bed-days and discharges cannot be included in your cost data.
Eligible Hospital User Manual
Begin

Enter Patient Volumes for each of the locations listed on the screen.




Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

## ***PATIENT VOLUMES (cont.)***

This screen displays the patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

The Medicaid Patient Volume Percentage Formula is:

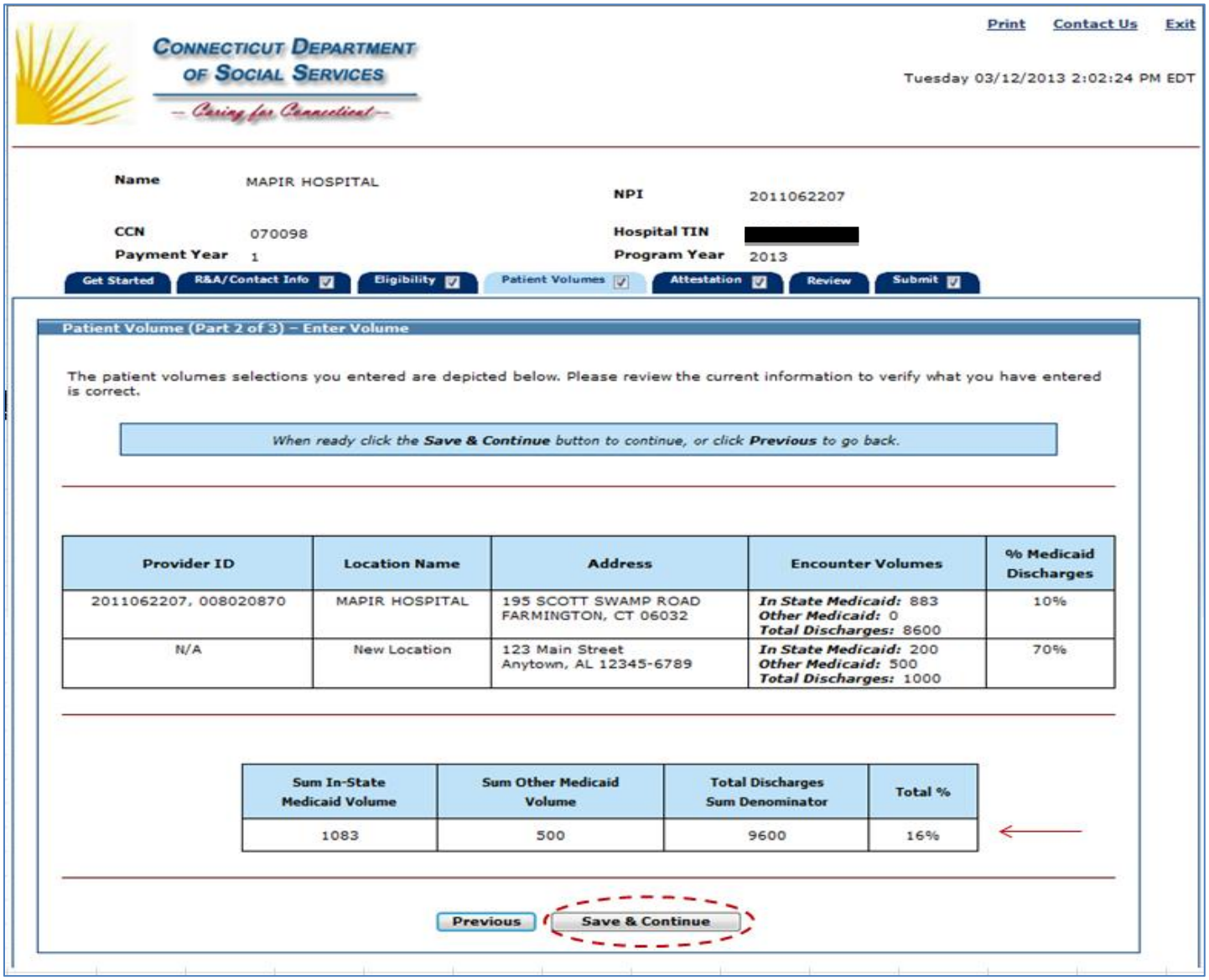
**In State Medicaid Discharges (Inpatient and ED Visits)**+**Other Medicaid Discharges (Inpatient and ED Visits)**

Divided by

**Total Discharges All Lines of Business (Inpatient and ED Visits)**

Note the **Total %** patient volume field. This percentage must be greater than or equal to 10% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to continue, or **Previous** to go back.



## ***PATIENT VOLUMES (cont.)***

### ***Part 3 of 3 - Patient Volume Cost Data***

The following screens will request Patient Volume Cost Data. This information will be used to calculate your hospital incentive payment amount when completing the **hospital's first year attestation**. The total hospital incentive payment is calculated in your first payment year and distributed over three years by Connecticut Medical Assistance program. To receive subsequent year payments you must only attest to the eligibility requirements, patient volume requirements (except Children's hospitals), and meaningful use each year.

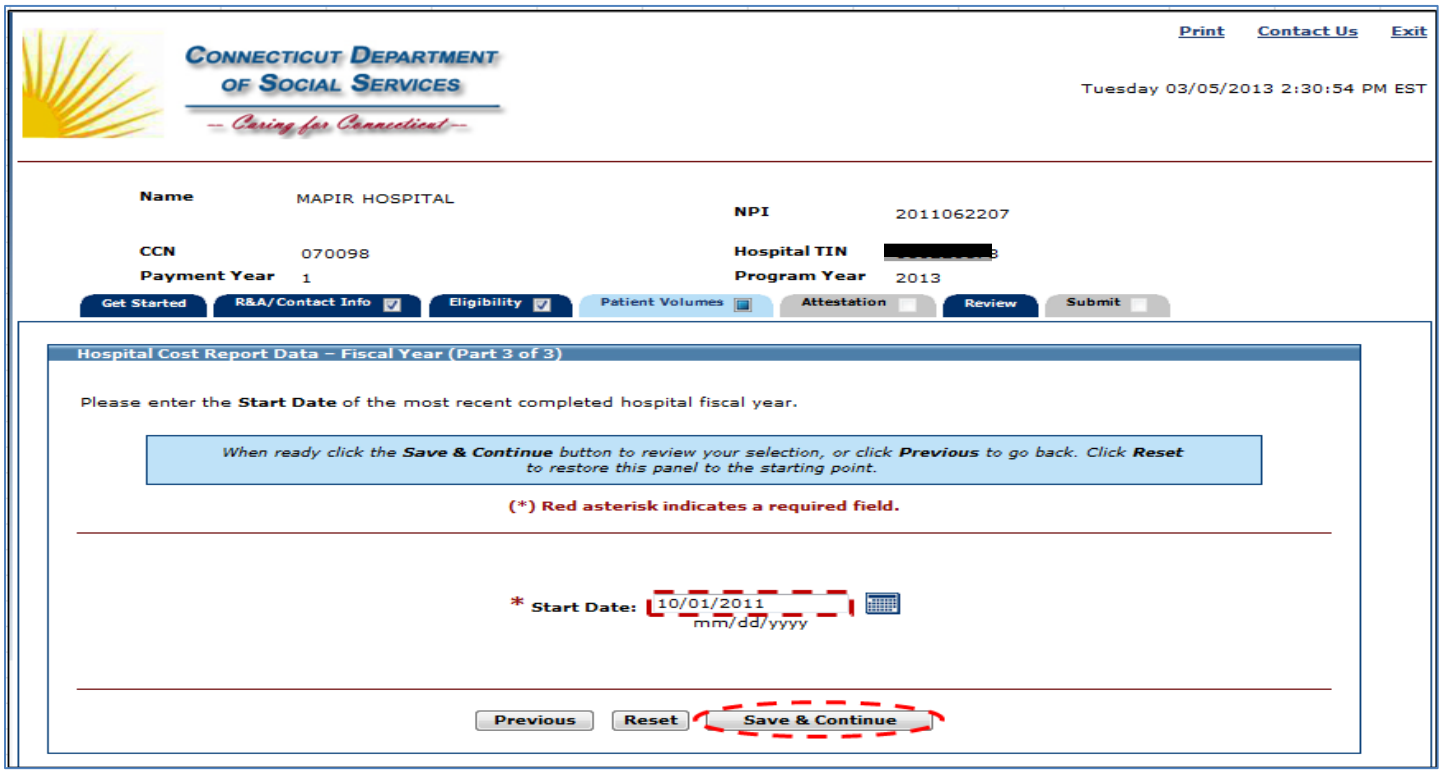
Enter the **Start Date** of the hospital fiscal year that ends during the prior Federal fiscal year to the fiscal year that serves as the first payment year, or select one from the calendar icon located to the right of the Start Date field.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Year 2 and subsequent years will see their Cost Data as it was submitted in Year 1. This data was used to calculate their total hospital incentive payment for all three years. Modifications must not be made to this data unless there was a change in the year one data that should result in change in payment.

If you would like to change the hospital cost data, refer to the Change Hospital Cost Data section of this manual. If you would like to proceed using the existing hospital cost data from the previous paid application, click **Save & Continue**.

If you are accessing MAPIR for the first time and received one or more incentive payments from another state, the Hospital Cost Data (Part 3 of 3) screen will display zeroes. You will not be able to enter data. After submitting your application, contact the HP EHR Assistance Center either by email at ctmedicaid-ehr@hp.com or by phone at 1-855-313-6638 (toll free).



## ***PATIENT VOLUMES (cont.)***

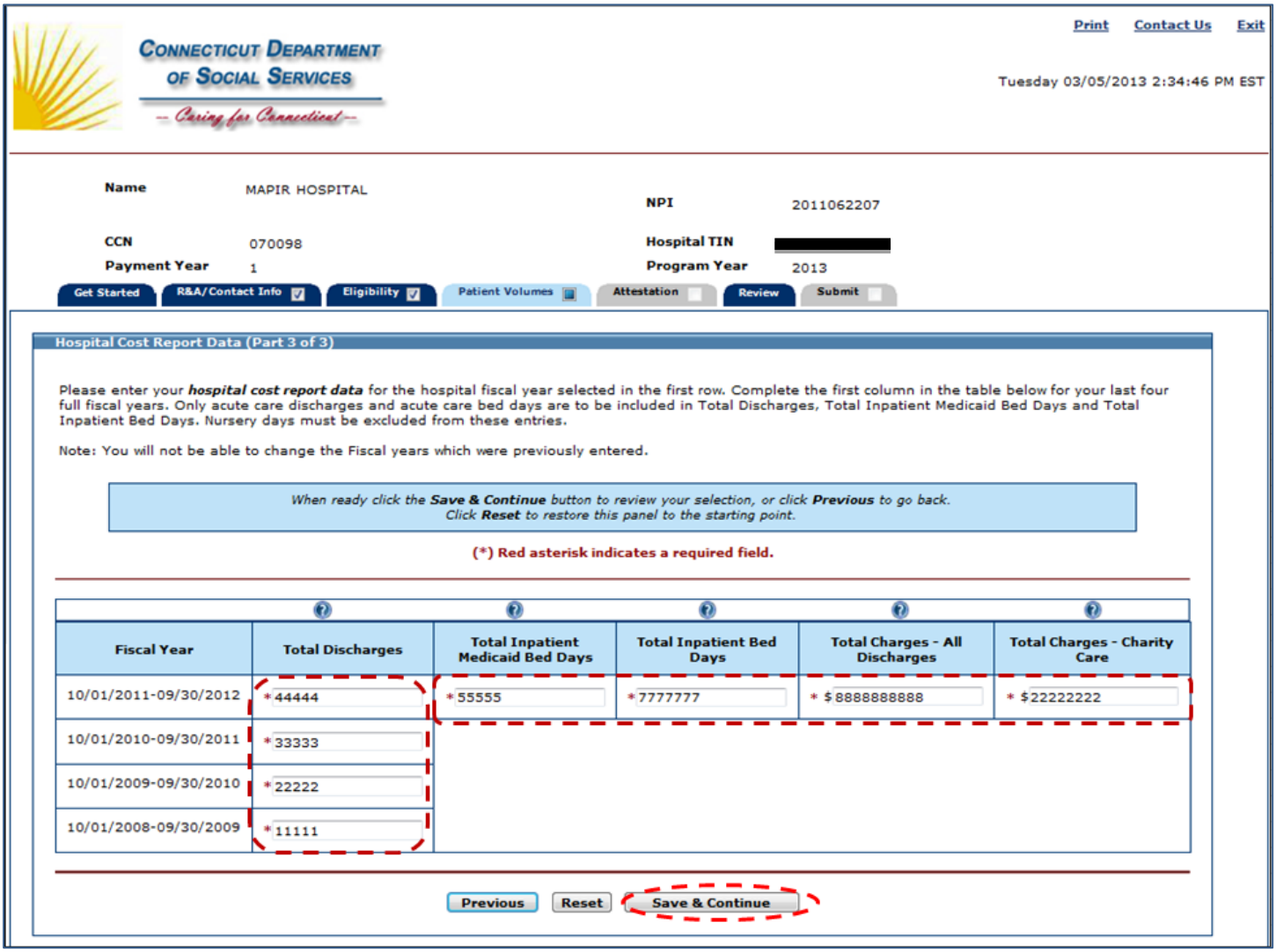
This screen displays your **Fiscal Year Start Date** and the **Fiscal Year End Date.**

If the Fiscal Year Start and End Dates are correct, click **Save & Continue** to review your selection, or click **Previous** to go back.

## ***PATIENT VOLUMES (cont.)***

On this screen you will enter the data required to calculate your incentive payment. In the first column enter **Total Discharges** for the **Fiscal Years** displayed to the left. Enter the **Total Inpatient Medicaid Bed Days**, **Total Inpatient Bed Days**, **Total Charges – All Discharges (Inpatient and Outpatient)**, and **Total Charges – Charity Care (Inpatient and Outpatient)**. Important Note: Nursery, Psych and Rehab bed days and discharges are not to be used in cost data. Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

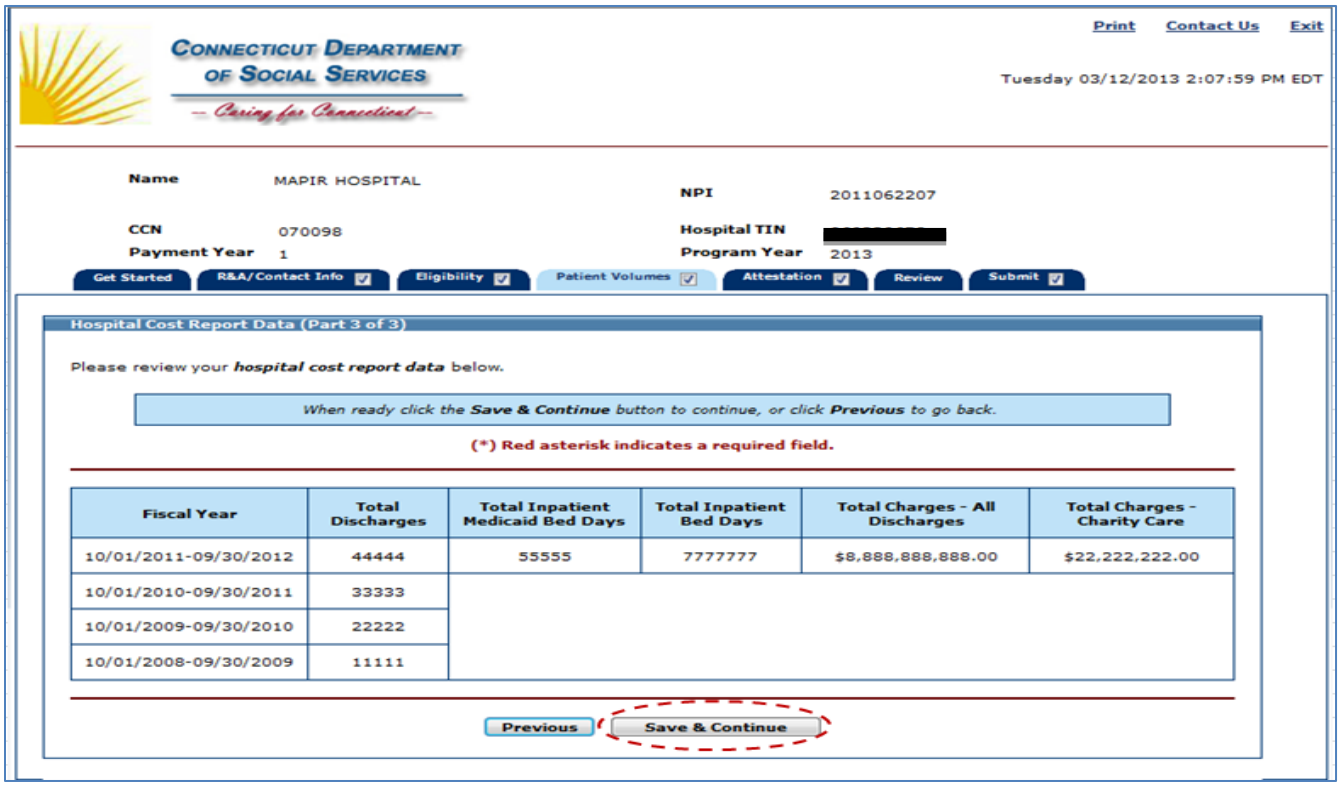
If you have questions about the calculation please see Section 5.


Print
Contact Us
Exit
Connecticut Department of Social Services
-- Caring for Connecticut --
Tuesday 03/05/2013 2:34:46 PM EST
Name
MAPIR HOSPITAL
NPI
2011062207
CCN
070098
Hospital TIN
[redacted]
Payment Year
1
Program Year
2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Hospital Cost Report Data (Part 3 of 3)
Please enter your hospital cost report data for the hospital fiscal year selected in the first row. Complete the first column in the table below for your last four full fiscal years. Only acute care discharges and acute care bed days are to be included in Total Discharges, Total Inpatient Medicaid Bed Days and Total Inpatient Bed Days. Nursery days must be excluded from these entries.
Note: You will not be able to change the Fiscal years which were previously entered.
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Fiscal Year
Total Discharges
Total Inpatient Medicaid Bed Days
Total Inpatient Bed Days
Total Charges - All Discharges
Total Charges - Charity Care
10/01/2011-09/30/2012
*44444
*55555
*7777777
* $8888888888
* $22222222
10/01/2010-09/30/2011
*33333
10/01/2009-09/30/2010
*22222
10/01/2008-09/30/2009
*11111
Previous
Reset
Save & Continue

## ***PATIENT VOLUMES (cont.)***

Review the numbers you entered.

Click **Save & Continue** to continue, or click **Previous** to go back.

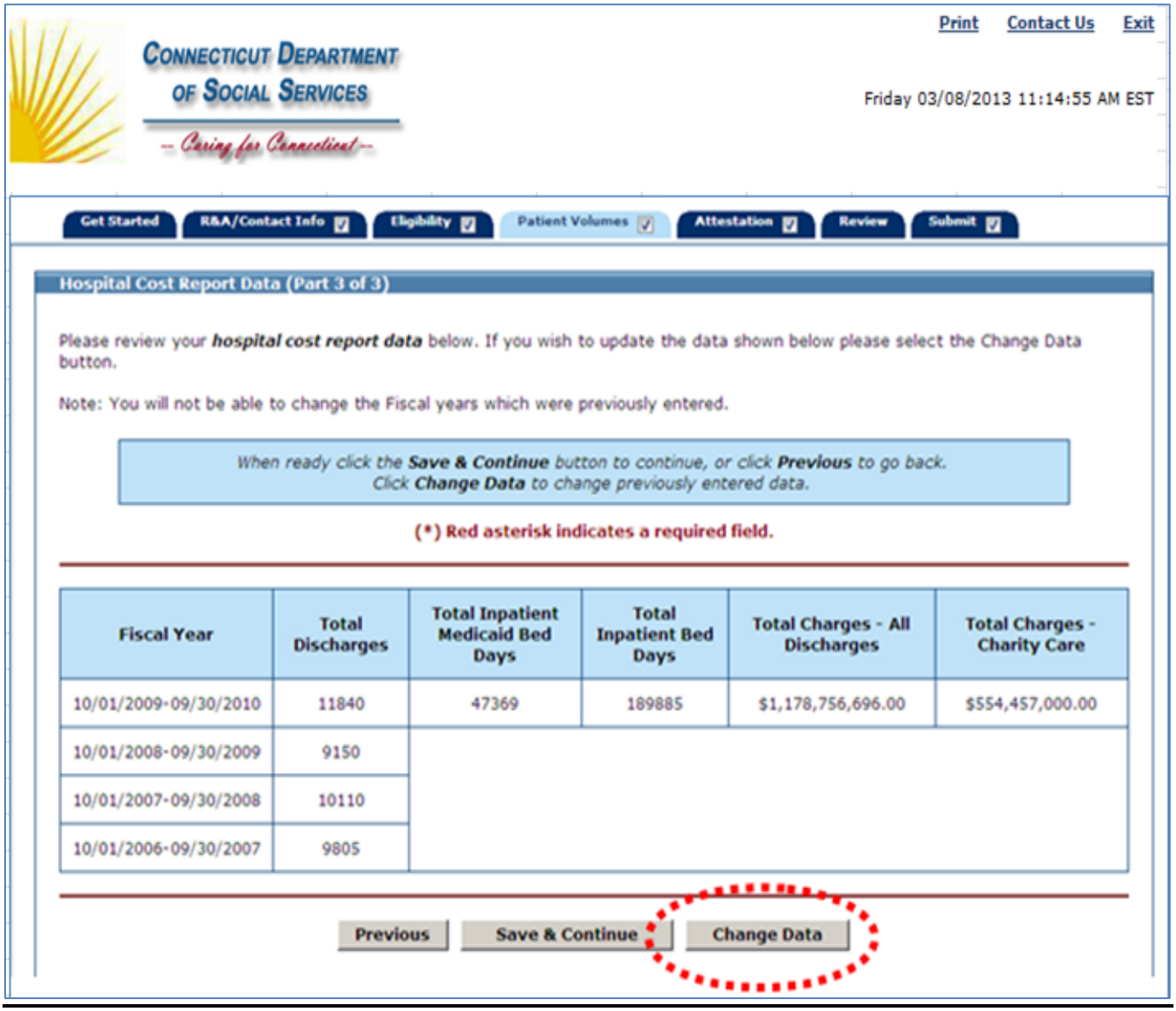



Click link to proceed to complete Patient Volume Cost Data on page 49

## ***Change Hospital Cost Data***

When you have applied since the start of the program in the same state and your payment year is 2 or higher, MAPIR allows you to revise previously entered hospital cost data. The Hospital Cost Data screen will display the data from the previously paid application. The revised hospital cost data that you enter will be referenced when MAPIR calculates your total EHR incentive amount, overriding any amount for previous years. When viewing any previous applications, MAPIR will continue to display the cost data that was entered originally for reference purposes only. The fiscal years entered on the payment year 1 application cannot be changed.

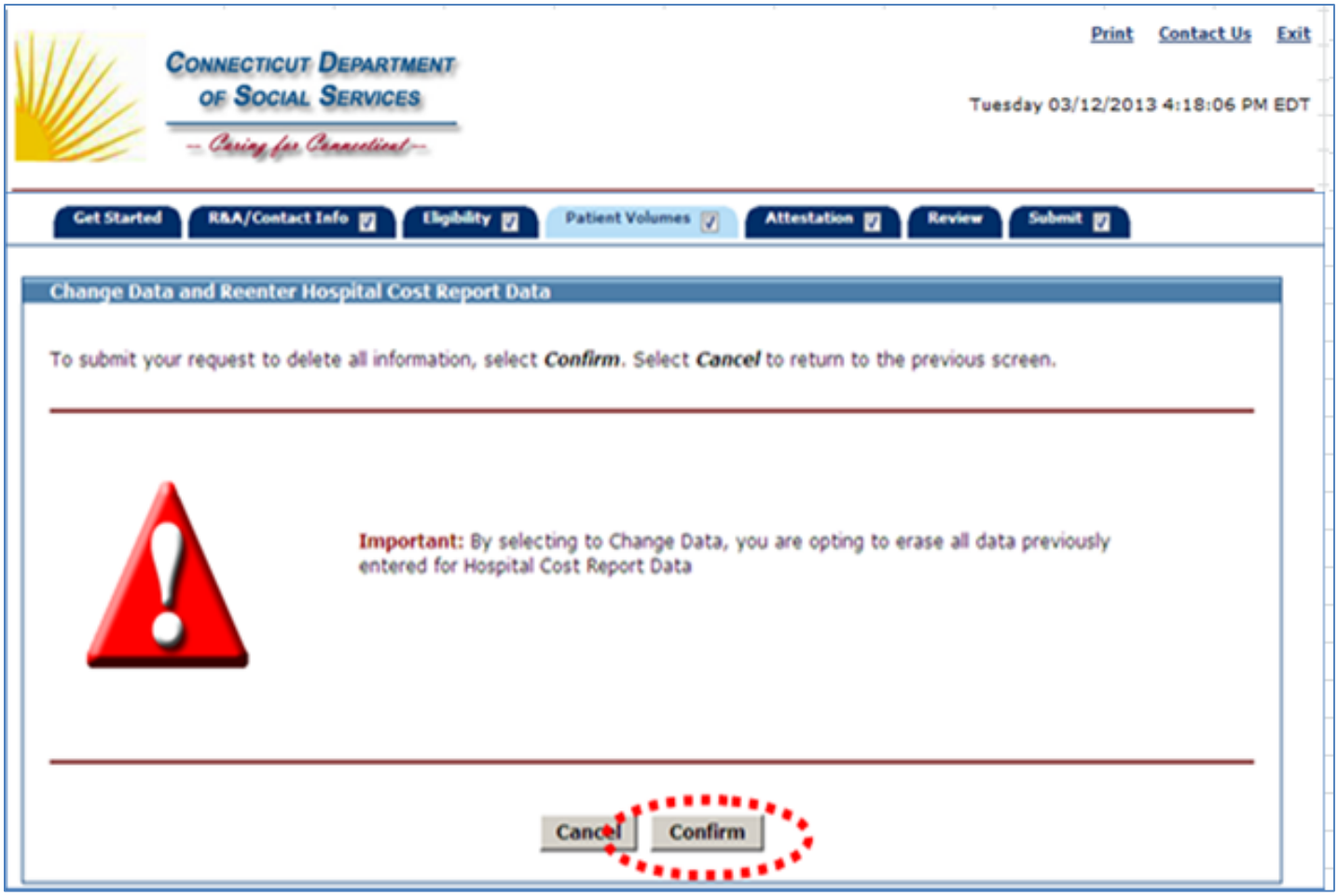
From the Hospital Cost Data screen, click **Change Data**.



**Change Hospital Cost Data(cont.)**

Confirm if you want to proceed to change the hospital cost report data. Be advised that if you elect to proceed the data that was previously entered for hospital cost report data will be erased.

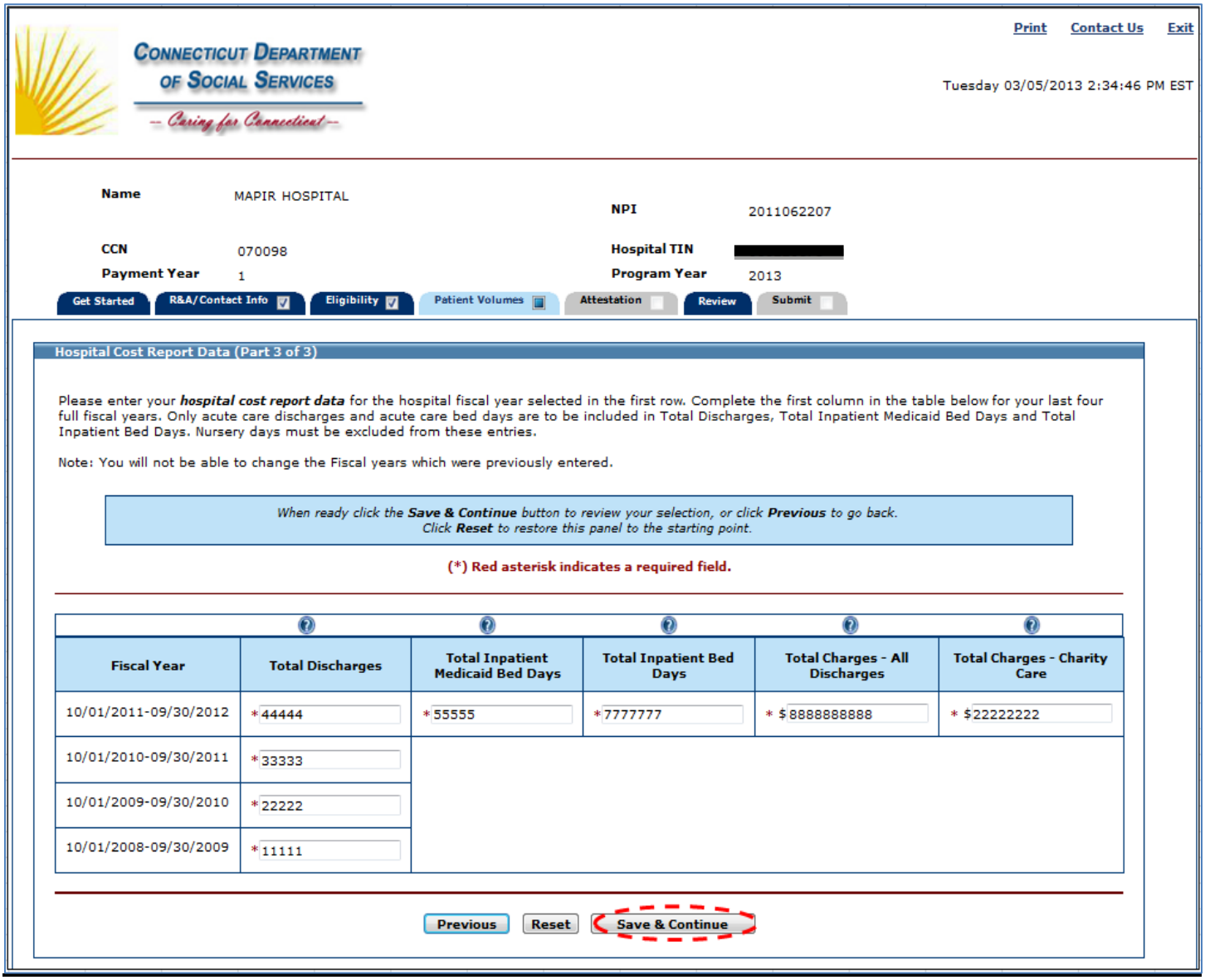
Click **Confirm** to proceed. Click **Cancel** to return to the previous screen.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Tuesday 03/12/2013 4:18:06 PM EDT
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Change Data and Reenter Hospital Cost Report Data
To submit your request to delete all information, select Confirm. Select Cancel to return to the previous screen.
Important: By selecting to Change Data, you are opting to erase all data previously entered for Hospital Cost Report Data
Cancel
Confirm

**Change Hospital Cost Data (cont.)**

On this screen you will re-enter the hospital cost report data required to calculate your incentive payment. In the first column enter **Total Discharges** for the **Fiscal Years** displayed to the left. Enter the **Total Inpatient Medicaid Bed Days**, **Total Inpatient Bed Days**, **Total Charges – All Discharges**, and **Total Charges – Charity Care**.

Click **Save & Continue** to review your selection, or click **Previous** to go back to the existing hospital cost report data. Click **Reset** to restore this panel to the starting point.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
– Caring for Connecticut –
Tuesday 03/05/2013 2:34:46 PM EST
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Payment Year 1
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Hospital Cost Report Data (Part 3 of 3)
Please enter your hospital cost report data for the hospital fiscal year selected in the first row. Complete the first column in the table below for your last four full fiscal years. Only acute care discharges and acute care bed days are to be included in Total Discharges, Total Inpatient Medicaid Bed Days and Total Inpatient Bed Days. Nursery days must be excluded from these entries.
Note: You will not be able to change the Fiscal years which were previously entered.
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Fiscal Year
Total Discharges
Total Inpatient Medicaid Bed Days
Total Inpatient Bed Days
Total Charges - All Discharges
Total Charges - Charity Care
10/01/2011-09/30/2012
*44444
*55555
*7777777
* $8888888888
* $22222222
10/01/2010-09/30/2011
*33333
10/01/2009-09/30/2010
*22222
10/01/2008-09/30/2009
*11111
Previous
Reset
Save & Continue

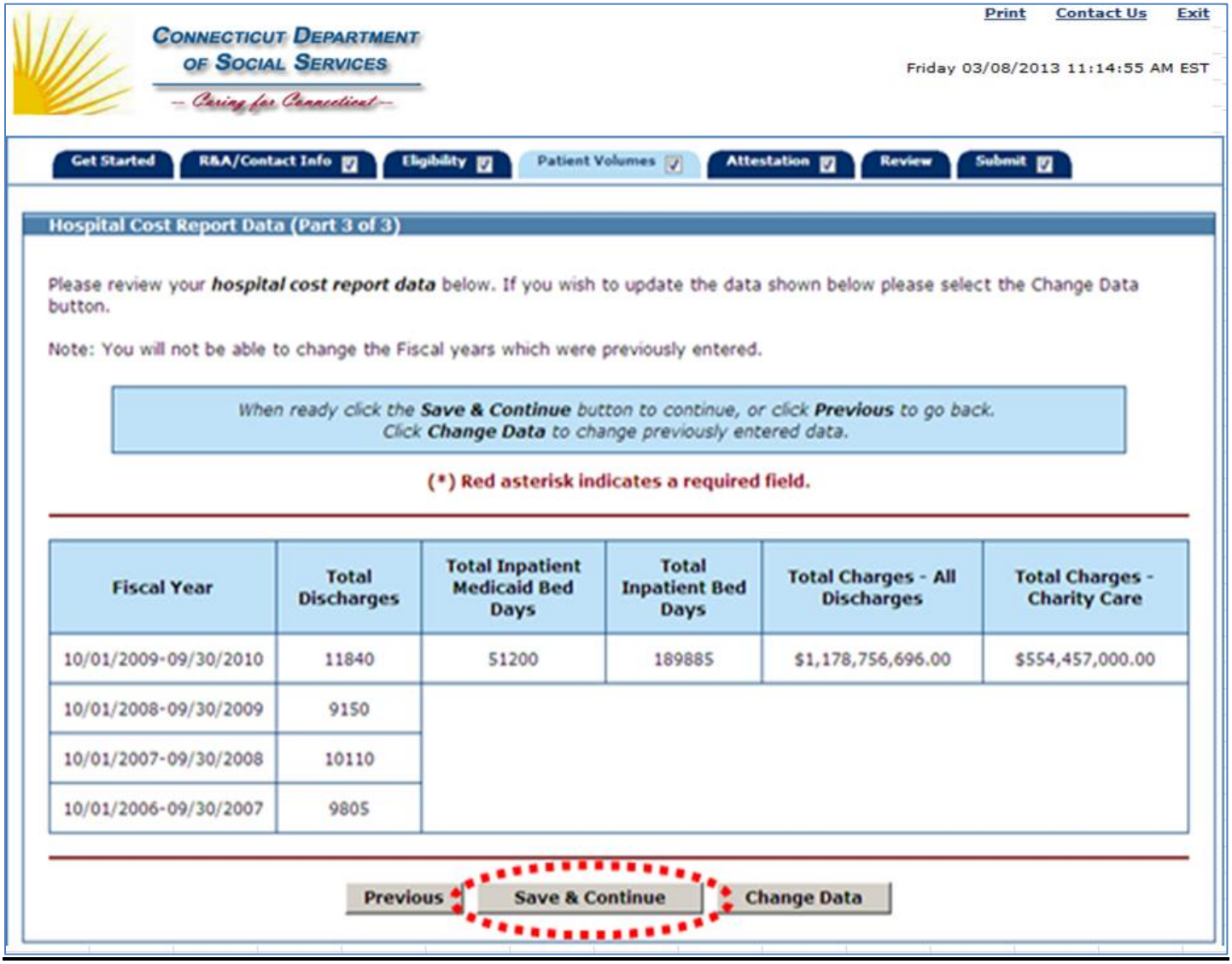
If you re-enter the hospital cost report data and the values match the existing hospital cost report data on file, you will receive an error message. The re-entered data cannot match the existing data on file.

**Change Hospital Cost Data(cont.)**

Review your revised hospital cost report data.

Once you save the revised hospital cost report data you cannot revert to the hospital cost report data on file. At this point, if you decide you do not want to revise the existing hospital cost data on file, abort the current application and start over again.

Click **Save & Continue** to continue with new amounts, click **Previous** to go back to the first Hospital Cost Report Data screen, or click **Change Data** to change the data again.



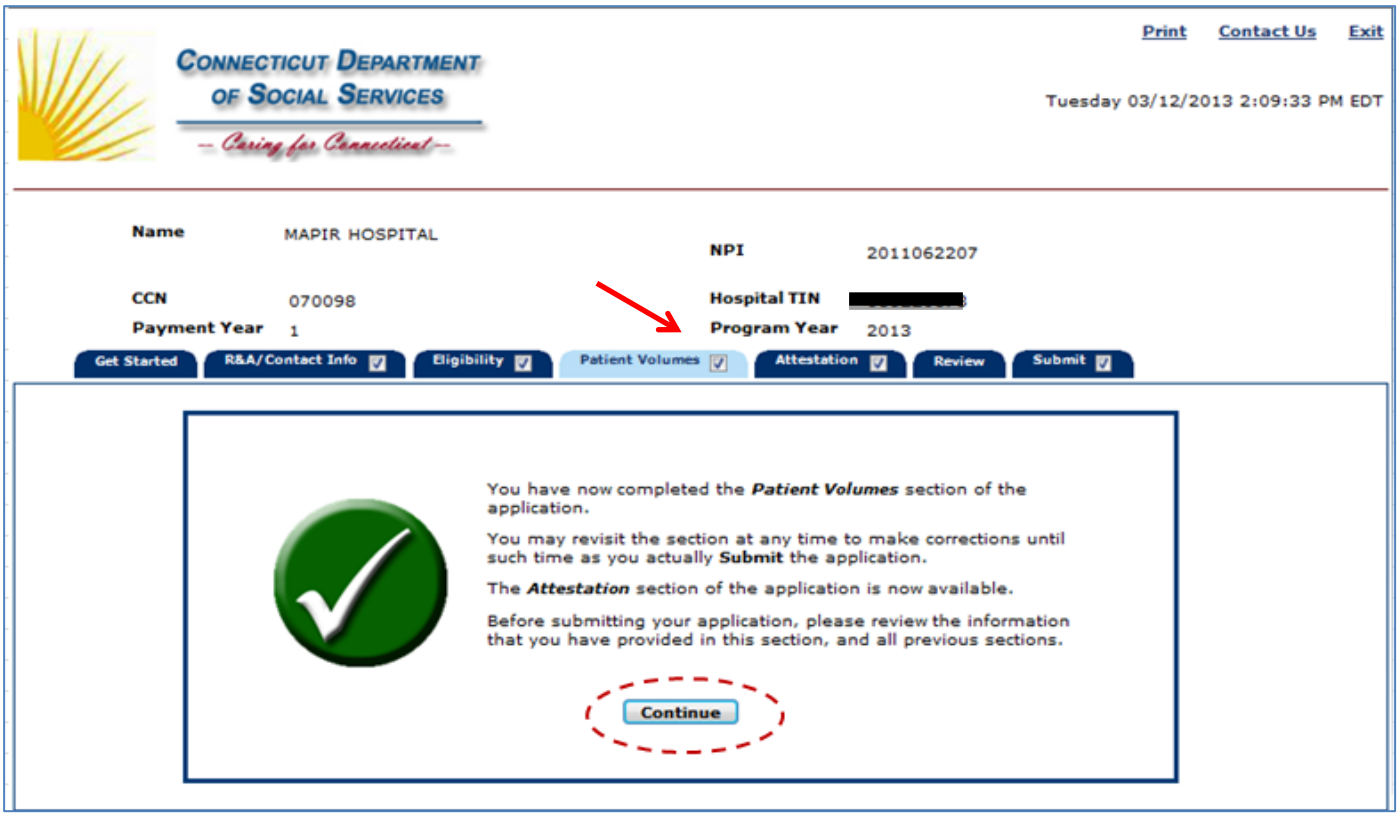

Once you have submitted the application, MAPIR recalculates the incentive payment for that year based on the revised hospital cost data as well as the remaining payments. If the new calculation results in a revised payment for the current year, you will receive a payment for the revised amount.

## ***PATIENT VOLUMES (cont.)***

This screen confirms you successfully completed the **Patient Volumes** section.

Note the check box in the **Patient Volumes** tab.

Click **Continue** to proceed to the **Attestation** section.



## ***ATTESTATION***

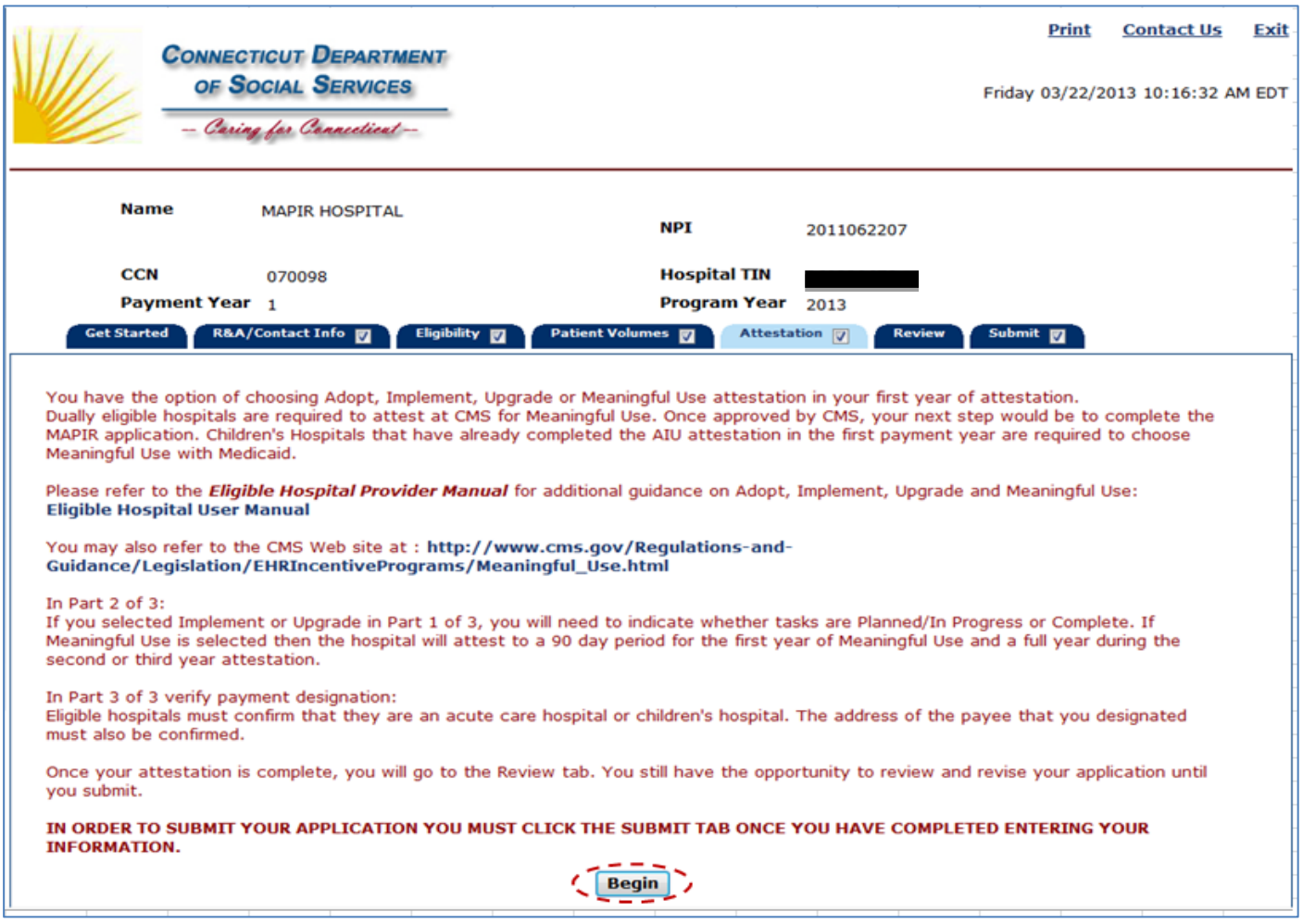
This section will ask you to provide information about your **EHR System Adoption Phase**. Adoption phases include **Adoption**, **Implementation**, **Upgrade**, and **Meaningful Use**. Based on the adoption phase you select, you may be asked to complete additional information about activities related to that phase. If your adoption phase is Meaningful Use, you will be required to provide information about the dates you were a **Meaningful User of Certified EHR Technology**. For the first year of participation in the Medicaid EHR Incentive Payment program, Eligible Hospitals are only required to attest to **Adoption**, **Implementation**, or **Upgrade**.

This initial Attestation screen provides information about this section.

Click **Begin** to continue to the **Attestation** section.

If you are a Dually Eligible Hospital, but have not been approved for Meaningful Use Attestation during the current Program Year at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A), you will not be permitted to proceed with the MAPIR application process until you have completed this process at the R&A and CMS forwards the attestation information to the state.

Click **Exit** to exit the MAPIR application or select any of the previously completed tabs.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Friday 03/22/2013 10:16:32 AM EDT
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Payment Year 1
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
You have the option of choosing Adopt, Implement, Upgrade or Meaningful Use attestation in your first year of attestation.
Dually eligible hospitals are required to attest at CMS for Meaningful Use. Once approved by CMS, your next step would be to complete the MAPIR application. Children's Hospitals that have already completed the AIU attestation in the first payment year are required to choose Meaningful Use with Medicaid.
Please refer to the Eligible Hospital Provider Manual for additional guidance on Adopt, Implement, Upgrade and Meaningful Use:
Eligible Hospital User Manual
You may also refer to the CMS Web site at : http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html
In Part 2 of 3:
If you selected Implement or Upgrade in Part 1 of 3, you will need to indicate whether tasks are Planned/In Progress or Complete. If Meaningful Use is selected then the hospital will attest to a 90 day period for the first year of Meaningful Use and a full year during the second or third year attestation.
In Part 3 of 3 verify payment designation:
Eligible hospitals must confirm that they are an acute care hospital or children's hospital. The address of the payee that you designated must also be confirmed.
Once your attestation is complete, you will go to the Review tab. You still have the opportunity to review and revise your application until you submit.
IN ORDER TO SUBMIT YOUR APPLICATION YOU MUST CLICK THE SUBMIT TAB ONCE YOU HAVE COMPLETED ENTERING YOUR INFORMATION.
Begin

## *ATTESTATION (cont.)*

### *Attestation Phase (Part 1 of 3)*

The Attestation Phase (Part 1 of 3) screen asks for the **EHR System Adoption Phase**.

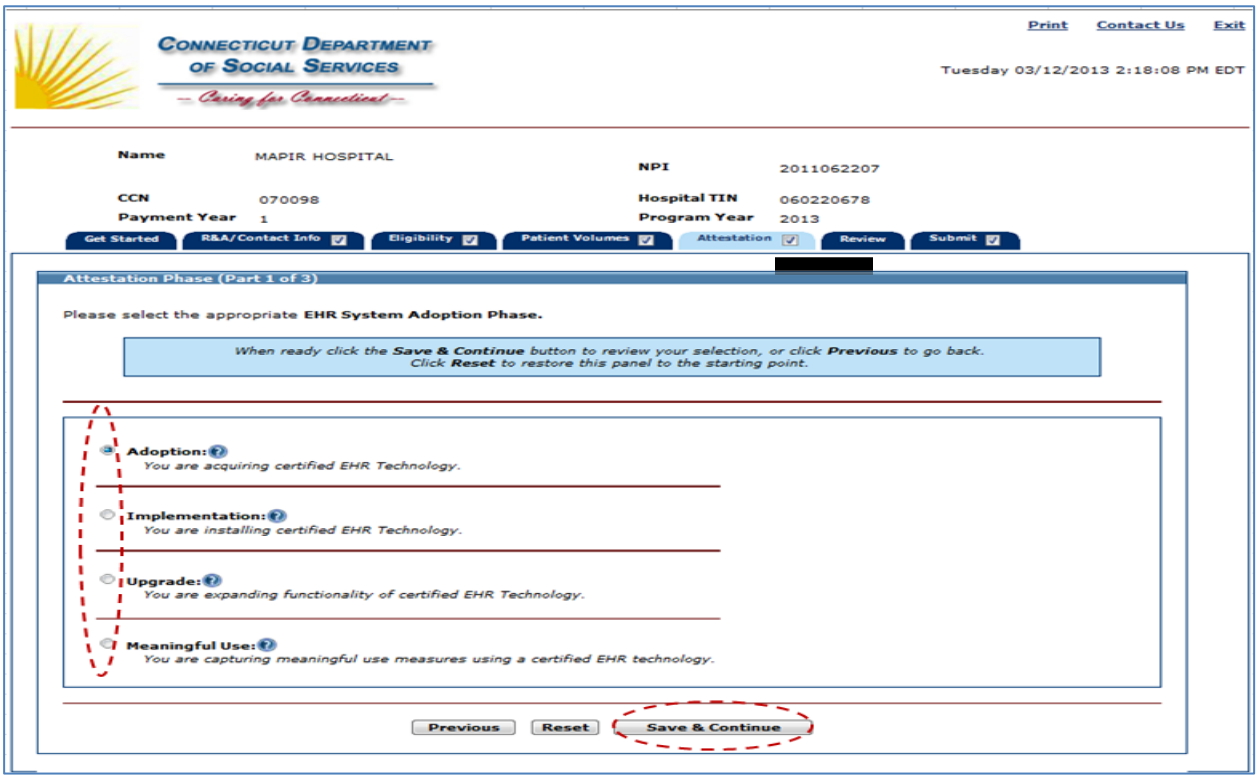
The screen shown below is the Attestation Phase (Part 1 of 3) screen you will see if it is your first year participating (Payment Year 1).

If it is not your first year participating (Payment Year 2 or beyond), turn to page 71 of this guide.

**NOTE: Dually-eligible hospitals will not see this screen since MU attestation is done at the CMS R&A Web site.** If you have registered at the R&A as a Dually Eligible hospital and are Deemed Eligible, you will bypass Attestation. Proceed to page 157 of this guide.

After making your selection, the next screen you see will depend on the phase you selected.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.




For **Adoption** continue to the next page of this guide.

For **Implementation** turn to page 61 of this guide.

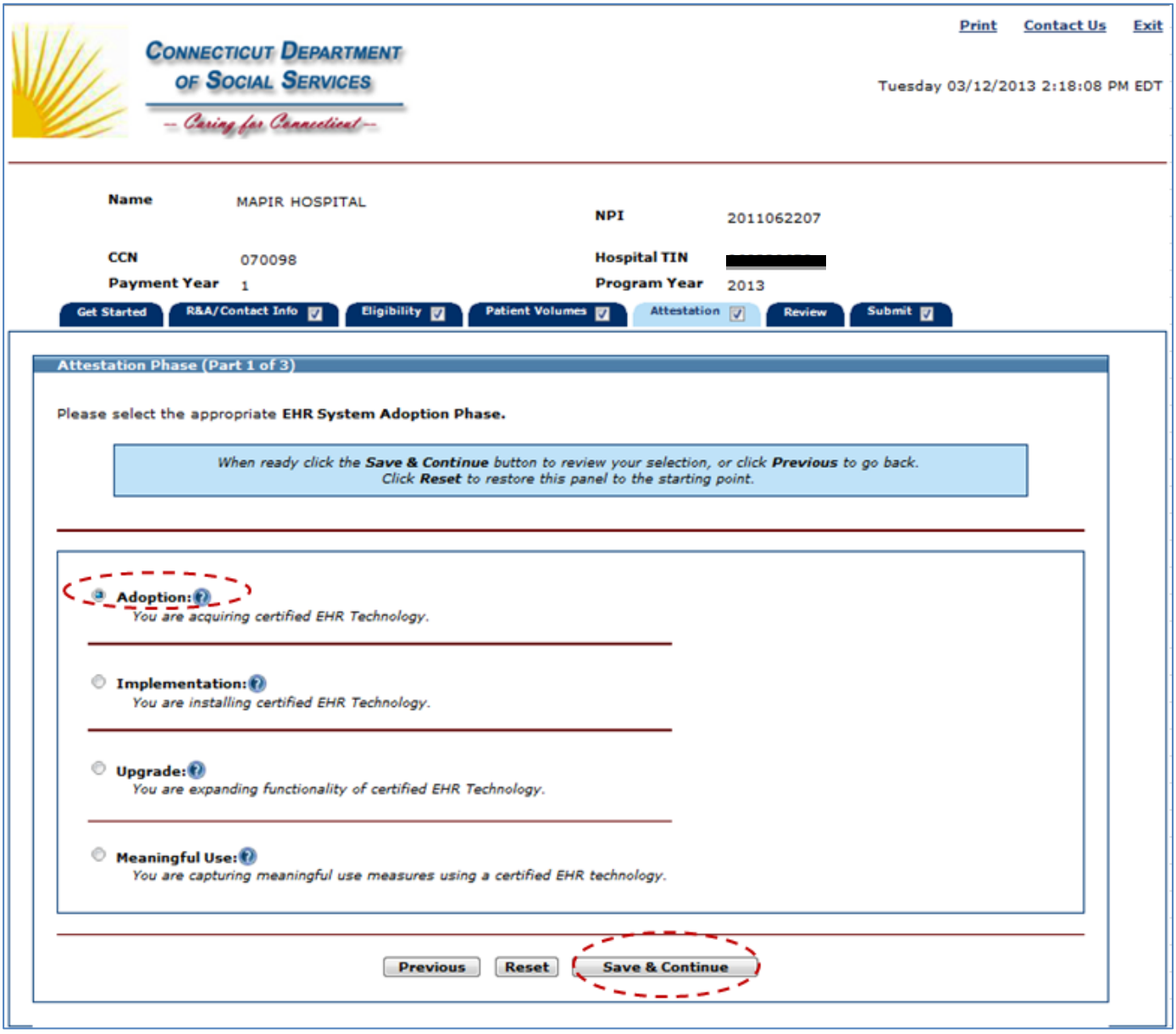
For **Upgrade** turn to page 65 of this guide.

For **Meaningful Use** turn to page 71 of this guide.

## ATTESTATION (cont.)

### Adoption Phase

For **Adoption** select the Adoption button. Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.



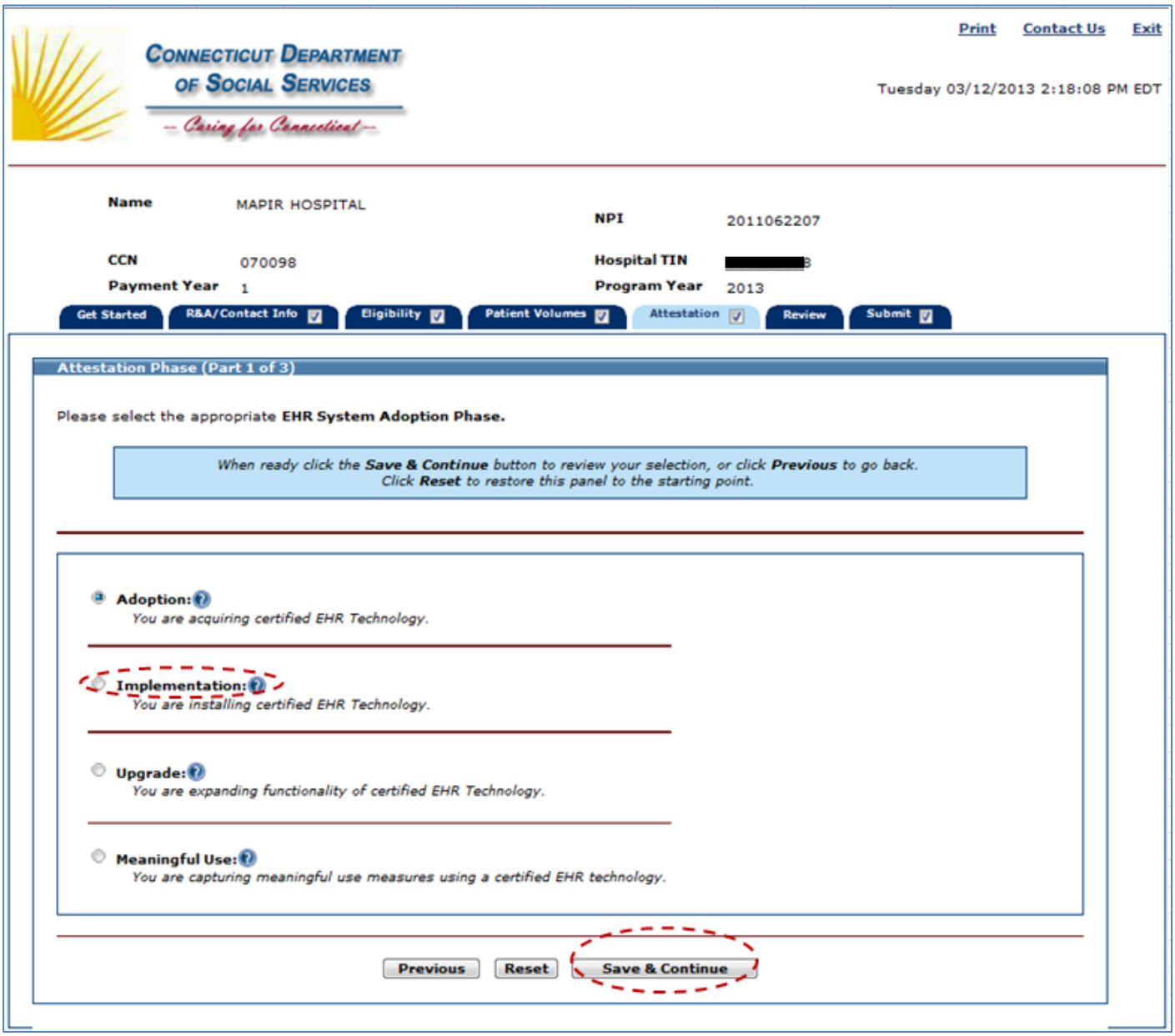

Proceed to page 69 of this guide.

## ***ATTESTATION (cont.)***

### ***Implementation Phase (Part 1 of 3)***

For **Implementation** select the Implementation button.

Click **Save & Continue** to proceed, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.



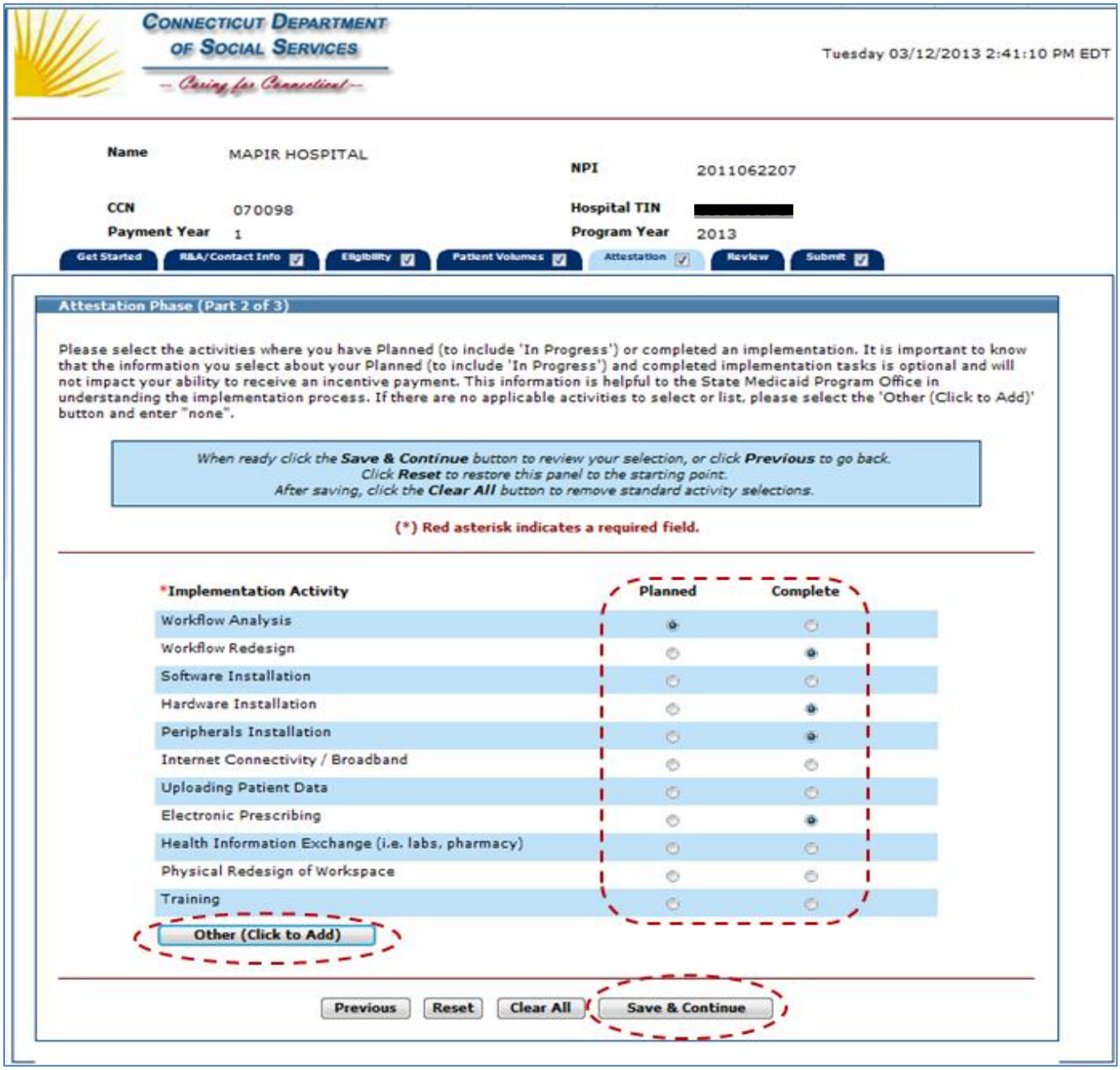
## ***ATTESTATION (cont.)***

### ***Implementation Phase (Part 2 of 3)***

Select your **Implementation Activity** by selecting the **Planned** or **Complete** button**.**

Click **Other** to add any additional **Implementation Activities** you would like to supply.

Click **Save & Continue** to proceed, or click **Previous** or **Reset** to clear unsaved data and move to the screen where the last data was saved. Click **Clear All** to remove activity selections and clear the fields on this page.

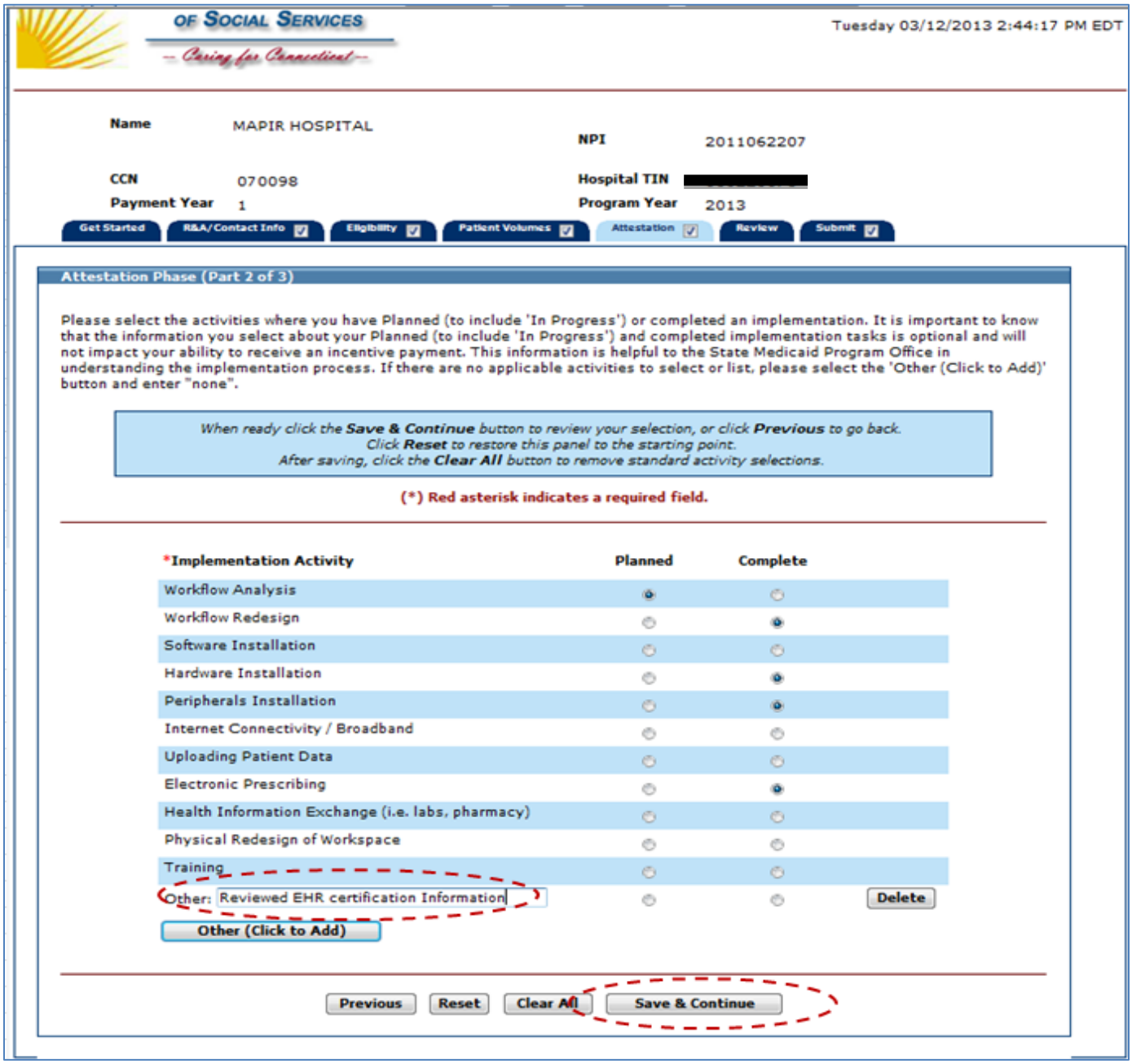

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Tuesday 03/12/2013 2:41:10 PM EDT
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Payment Year 1
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Phase (Part 2 of 3)
Please select the activities where you have Planned (to include 'In Progress') or completed an implementation. It is important to know that the information you select about your Planned (to include 'In Progress') and completed implementation tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the implementation process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel to the starting point.
After saving, click the Clear All button to remove standard activity selections.
(*) Red asterisk indicates a required field.
*Implementation Activity
Planned
Complete
Workflow Analysis
Workflow Redesign
Software Installation
Hardware Installation
Peripherals Installation
Internet Connectivity / Broadband
Uploading Patient Data
Electronic Prescribing
Health Information Exchange (i.e. labs, pharmacy)
Physical Redesign of Workspace
Training
Other (Click to Add)
Previous
Reset
Clear All
Save & Continue

## ***ATTESTATION (cont.)***

### ***Implementation Phase (Part 2 of 3)***

This screen shows an example of entering activities other than what was in the Implementation Activity listing.

Click **Save & Continue** to proceed, or click **Previous** or **Reset** to clear unsaved data and move to the screen where the last data was saved. Click **Clear All** to remove activity selections and clear the fields on this page.

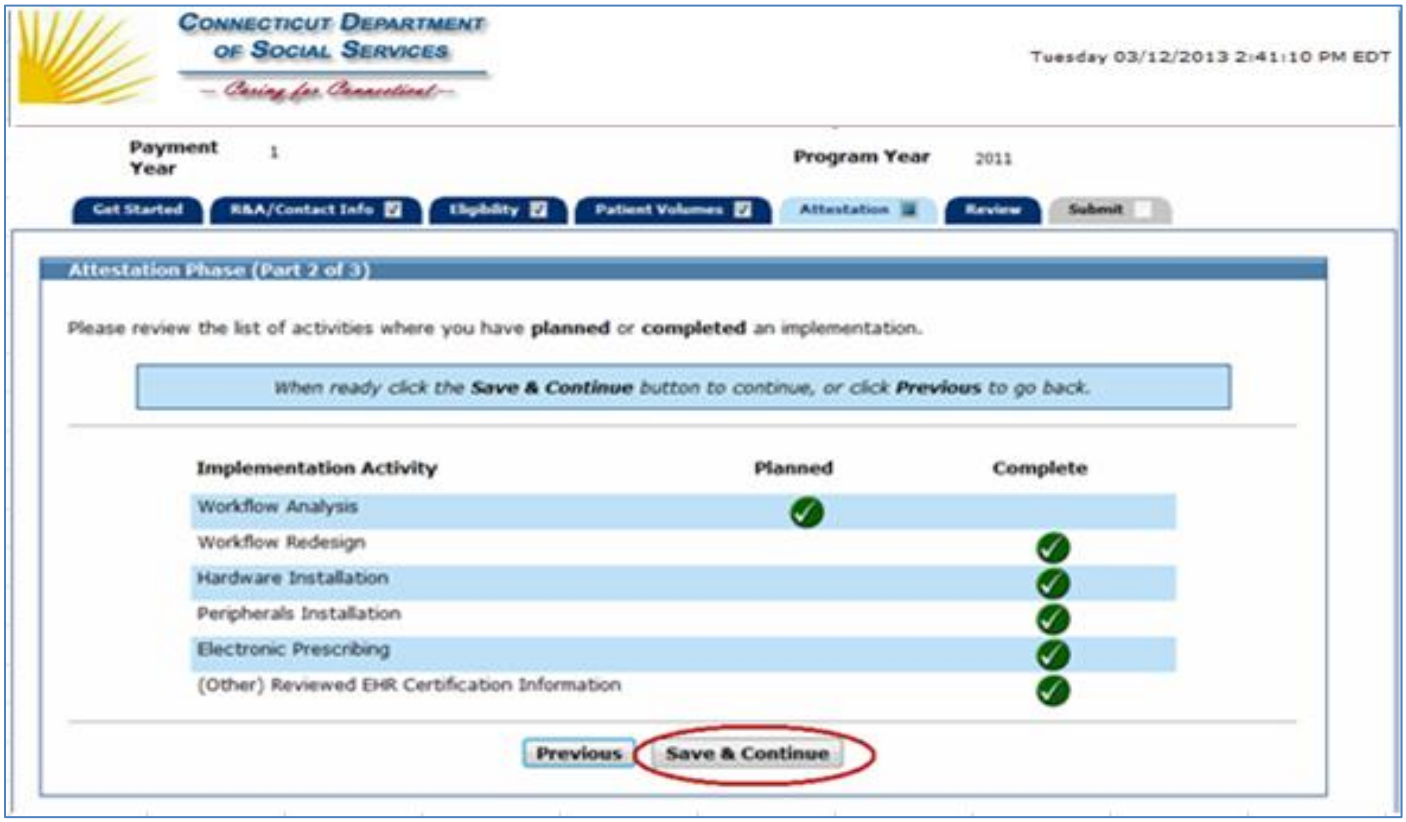

OF SOCIAL SERVICES
Caring for Connecticut
Tuesday 03/12/2013 2:44:17 PM EDT
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Payment Year 1
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Phase (Part 2 of 3)
Please select the activities where you have Planned (to include 'In Progress') or completed an implementation. It is important to know that the information you select about your Planned (to include 'In Progress') and completed implementation tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the implementation process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel to the starting point.
After saving, click the Clear All button to remove standard activity selections.
(*) Red asterisk indicates a required field.
*Implementation Activity
Planned
Complete
Workflow Analysis
Workflow Redesign
Software Installation
Hardware Installation
Peripherals Installation
Internet Connectivity / Broadband
Uploading Patient Data
Electronic Prescribing
Health Information Exchange (i.e. labs, pharmacy)
Physical Redesign of Workspace
Training
Other: Reviewed EHR certification Information
Delete
Other (Click to Add)
Previous
Reset
Clear All
Save & Continue

## ***ATTESTATION (cont.)***

### ***Implementation Phase (Part 2 of 3)***

Review the **Implementation Activity** you selected.

Click **Save & Continue** to proceed, or click **Previous** to go back.



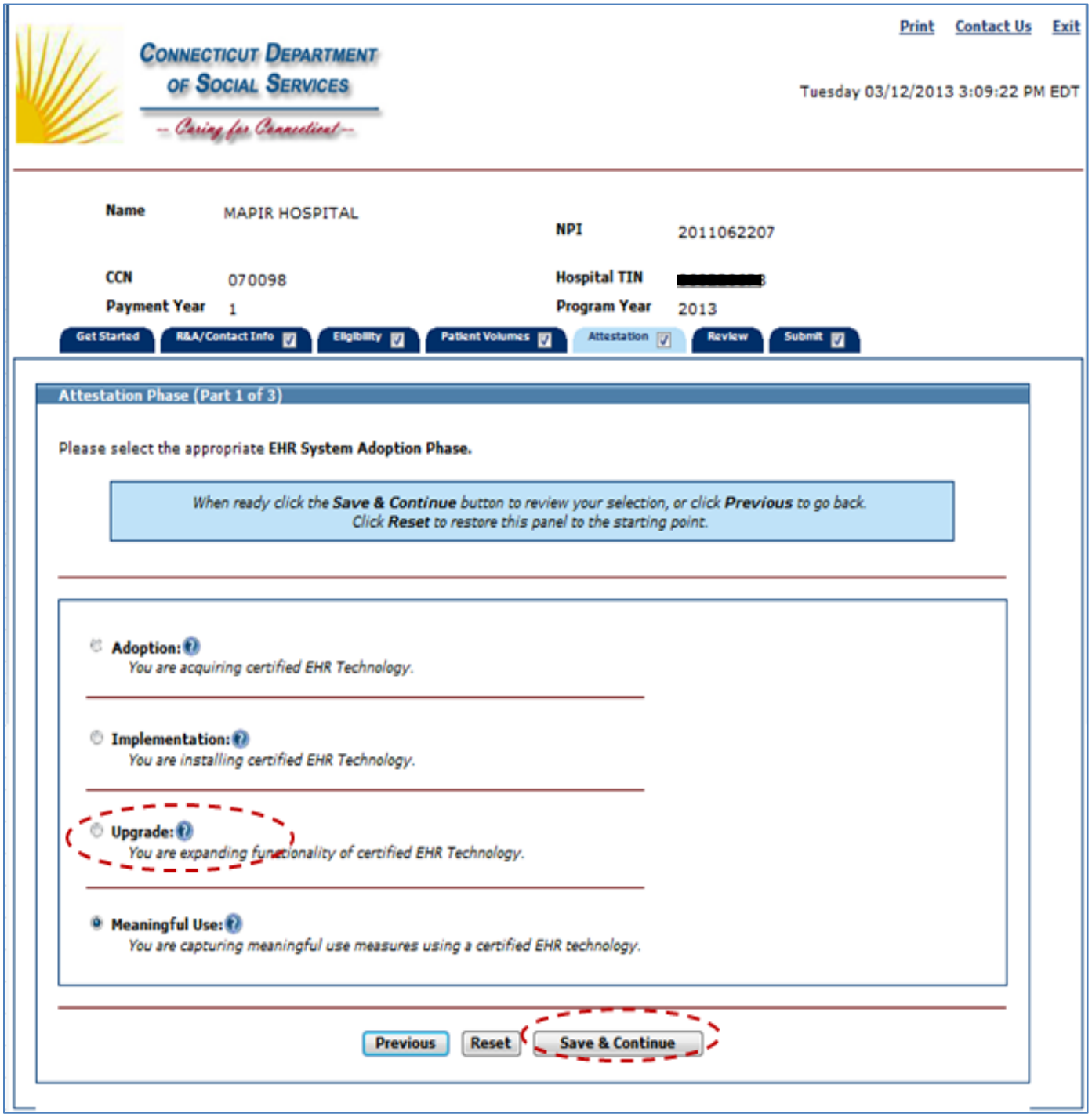

Proceed to page 69 of this guide.

## ***ATTESTATION (cont.)***

### ***Upgrade Phase (Part 1 of 3)***

For **Upgrade** select the Upgrade button.

Click **Save & Continue** to proceed, or click **Previous** or **Reset** to clear unsaved data and move to the screen where the last data was saved.



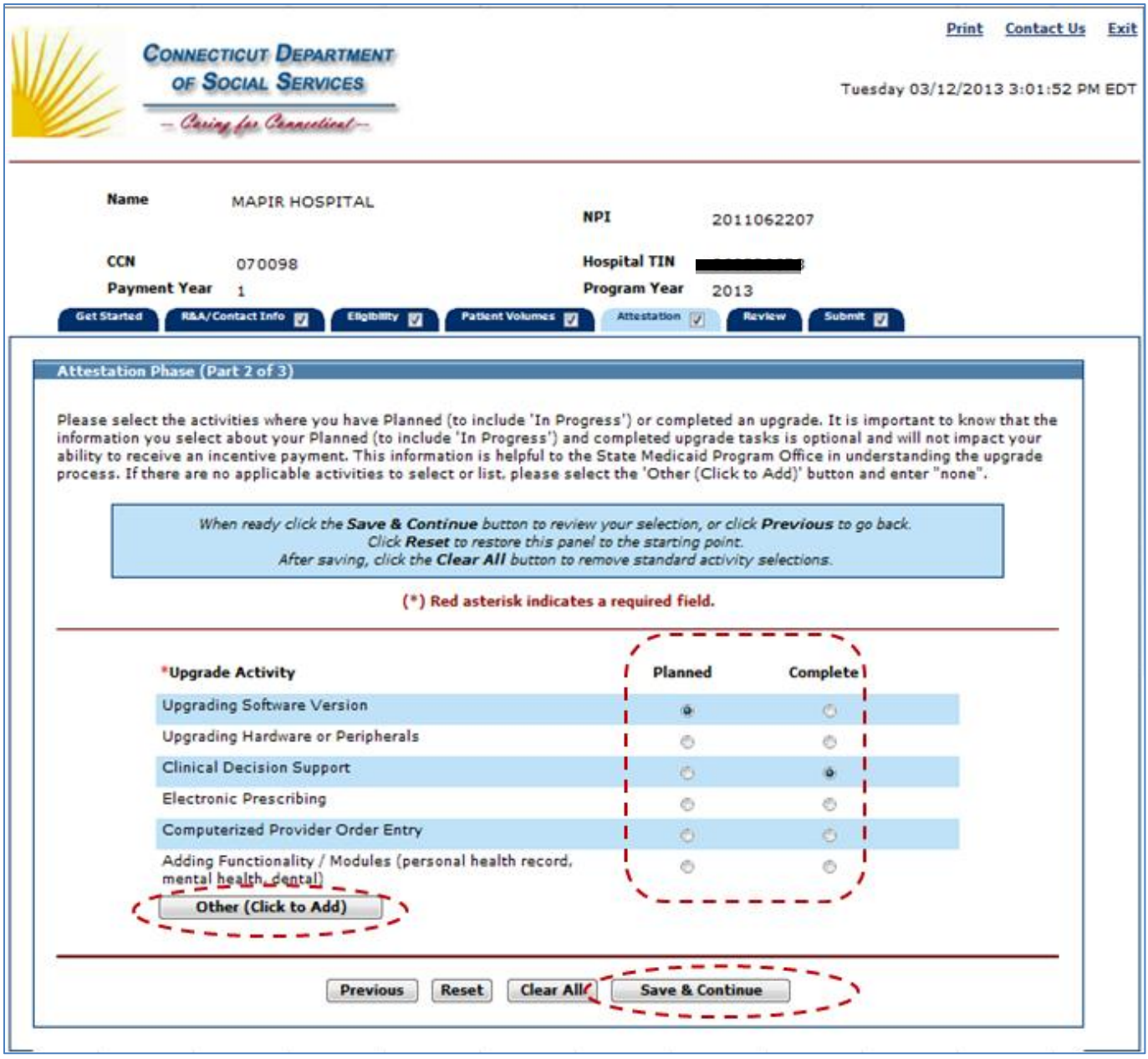
## *ATTESTATION (cont.)*

### *Upgrade Phase (Part 2 of 3)*

Select your **Upgrade Activities** by selecting the **Planned** or **Complete** button for each activity.

Click **Other** to add any additional **Upgrade Activities** you would like to supply.

Click **Save & Continue** to proceed, or click **Previous** or **Reset** to clear unsaved data and move to the screen where the last data was saved**.** Click **Clear All** to remove activity selections and clear the fields on this page.

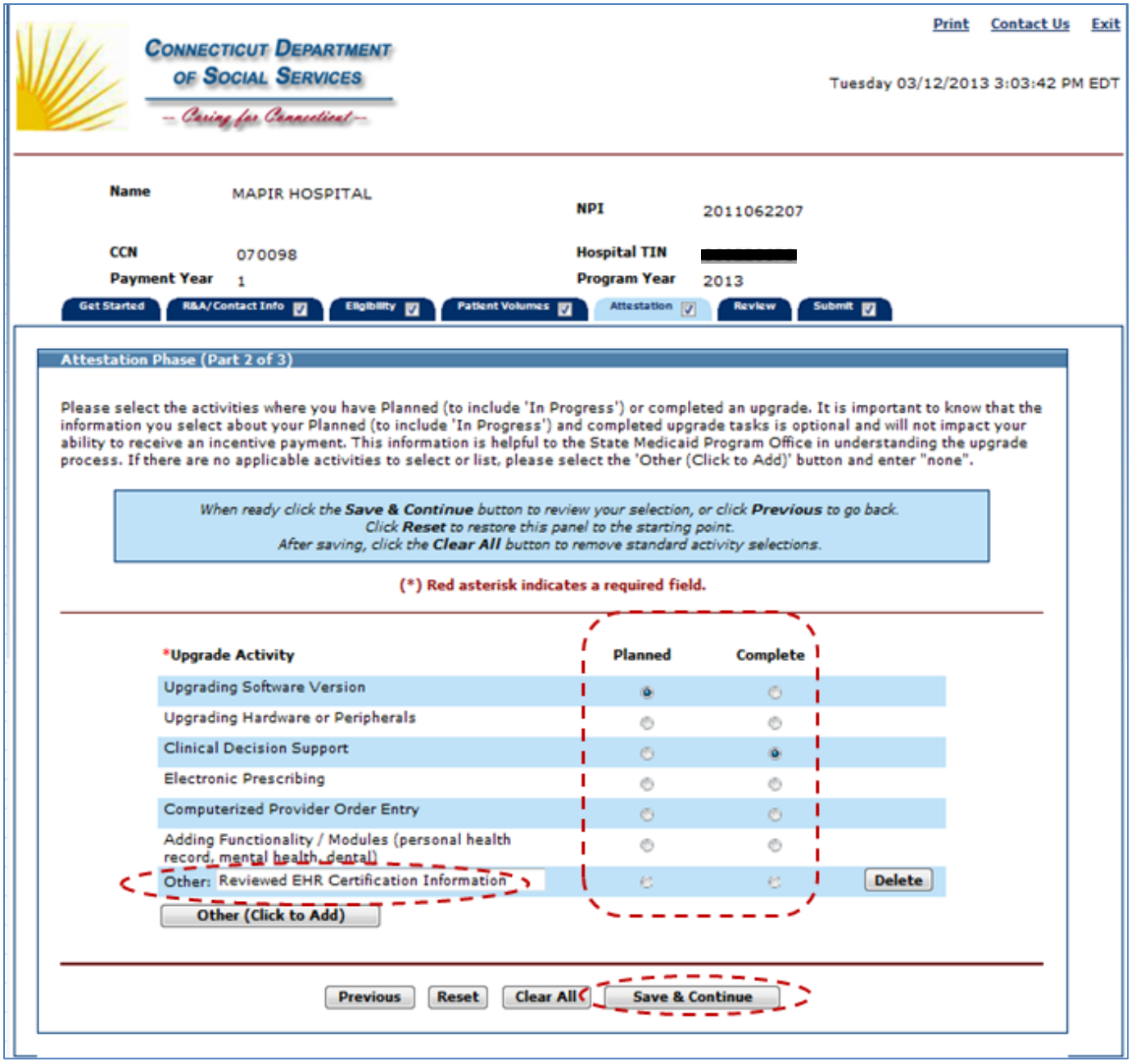

Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Tuesday 03/12/2013 3:01:52 PM EDT
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Payment Year 1
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Phase (Part 2 of 3)
Please select the activities where you have Planned (to include 'In Progress') or completed an upgrade. It is important to know that the information you select about your Planned (to include 'In Progress') and completed upgrade tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the upgrade process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel to the starting point.
After saving, click the Clear All button to remove standard activity selections.
(*) Red asterisk indicates a required field.
*Upgrade Activity
Planned
Complete
Upgrading Software Version
Upgrading Hardware or Peripherals
Clinical Decision Support
Electronic Prescribing
Computerized Provider Order Entry
Adding Functionality / Modules (personal health record, mental health, dental)
Other (Click to Add)
Previous
Reset
Clear All
Save & Continue

## ***ATTESTATION (cont.)***

### ***Upgrade Phase (Part 2 of 3)***

This screen shows an example of entering activities other than what was in the Upgrade Activity listing.

Click **Save & Continue** to proceed, or click **Previous** or **Reset** to clear unsaved data and move to the screen where the last data was saved. Click **Clear All** to remove activity selections and clear the fields on this page.

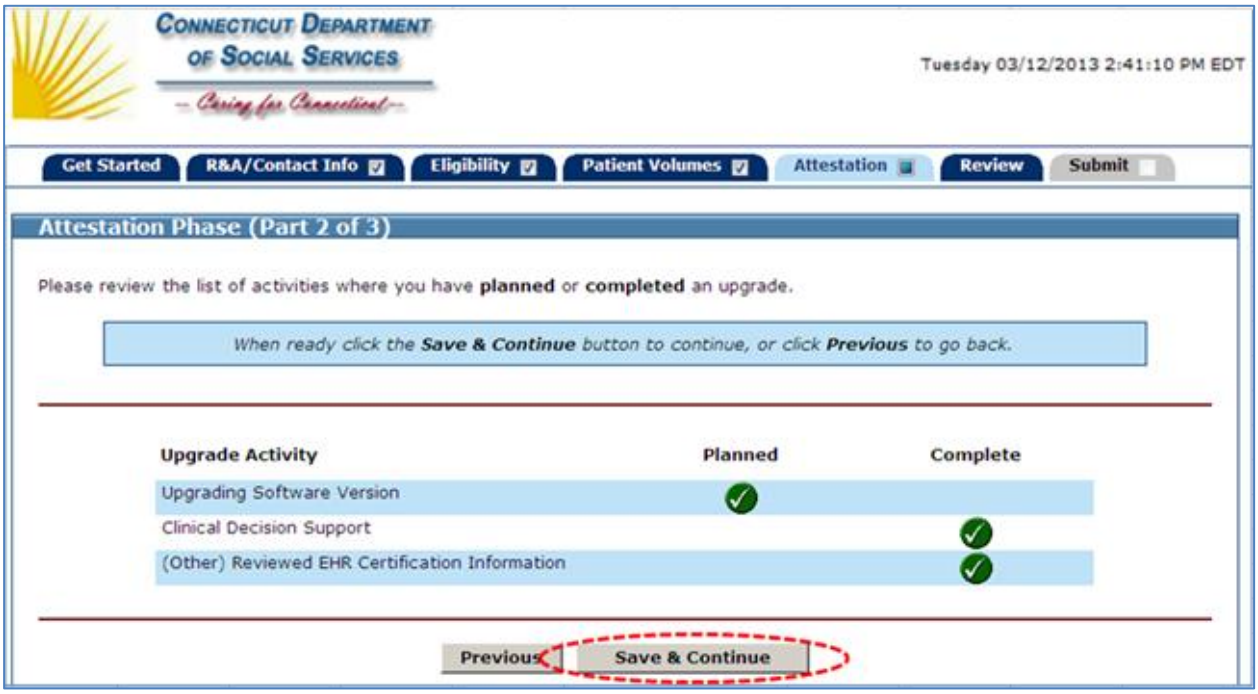

Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Tuesday 03/12/2013 3:03:42 PM EDT
Name
MAPIR HOSPITAL
NPI
2011062207
CCN
070098
Hospital TIN
Payment Year
1
Program Year
2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Phase (Part 2 of 3)
Please select the activities where you have Planned (to include 'In Progress') or completed an upgrade. It is important to know that the information you select about your Planned (to include 'In Progress') and completed upgrade tasks is optional and will not impact your ability to receive an incentive payment. This information is helpful to the State Medicaid Program Office in understanding the upgrade process. If there are no applicable activities to select or list, please select the 'Other (Click to Add)' button and enter "none".
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel to the starting point.
After saving, click the Clear All button to remove standard activity selections.
(*) Red asterisk indicates a required field.
*Upgrade Activity
Planned
Complete
Upgrading Software Version
Upgrading Hardware or Peripherals
Clinical Decision Support
Electronic Prescribing
Computerized Provider Order Entry
Adding Functionality / Modules (personal health record, mental health, dental)
Other: Reviewed EHR Certification Information
Delete
Other (Click to Add)
Previous
Reset
Clear All
Save & Continue

## ***ATTESTATION (cont.)***

### ***Upgrade Phase (Part 2 of 3)***

Review the **Upgrade Activities** you selected.

Click **Save & Continue** to proceed or **Previous** to return.



## ***ATTESTATION (cont.)***

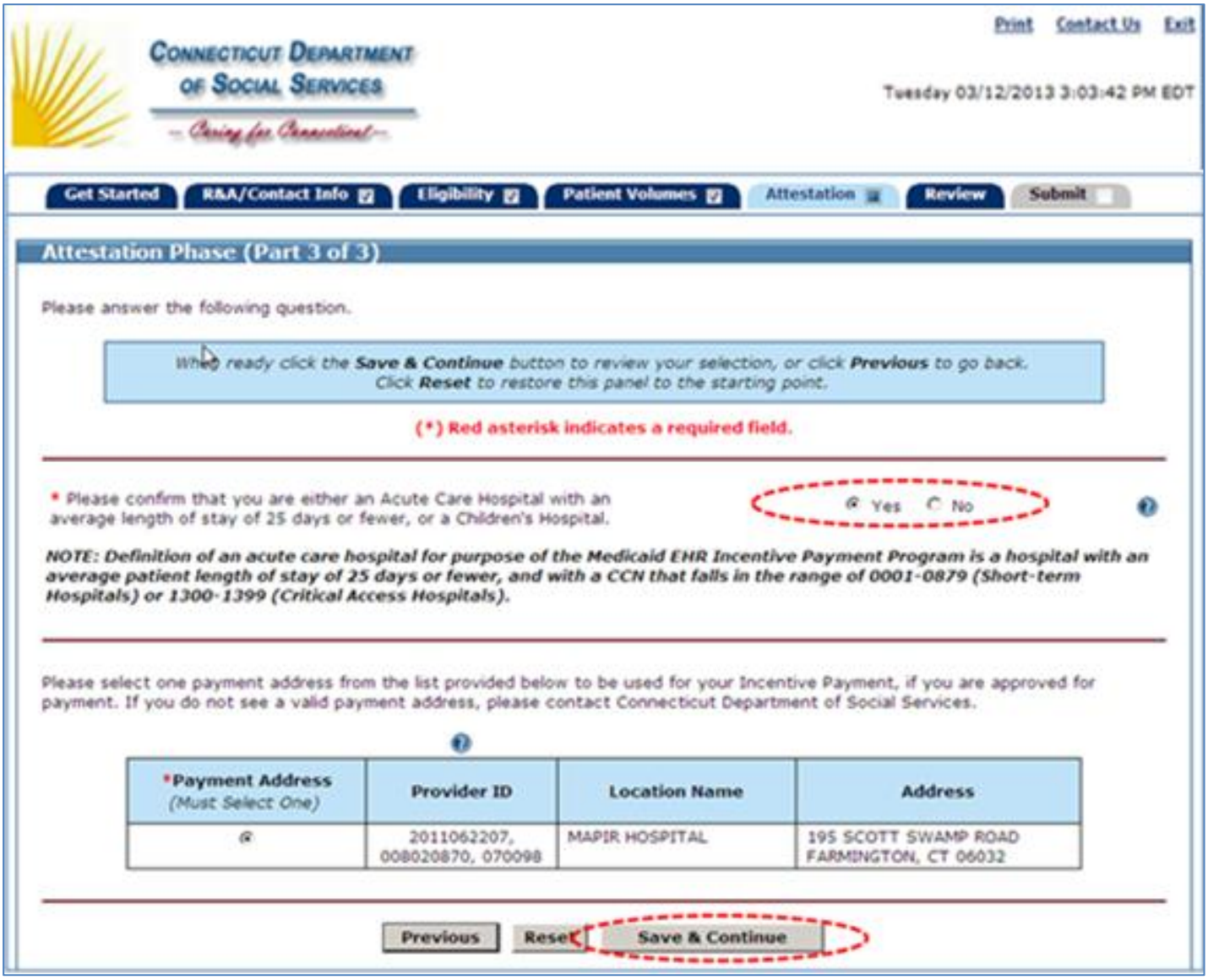
### ***Attestation Phase (Part 3 of 3)***

Part 3 of 3 of the Attestation Phase contains questions regarding the average length of stay for your facility and confirmation of the address to which the incentive payment will be sent.

Click **Yes** to confirm you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital.

Click the **Payment Address** from the list below to be used for your Incentive Payment, contingent on approval for payment.

Click **Save & Continue** to proceed to Final Attestation or **Previous** to return, or **Reset** to clear all data.


Print
Contact Us
Exit
Connecticut Department of Social Services
Caring for Connecticut
Tuesday 03/12/2013 3:03:42 PM EDT
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Phase (Part 3 of 3)
Please answer the following question.
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
* Please confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital.
Yes
No
NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program is a hospital with an average patient length of stay of 25 days or fewer, and with a CCN that falls in the range of 0001-0879 (Short-term Hospitals) or 1300-1399 (Critical Access Hospitals).
Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact Connecticut Department of Social Services.
*Payment Address (Must Select One)
Provider ID
Location Name
Address
2011062207, 008020870, 070098
MAPIR HOSPITAL
195 SCOTT SWAMP ROAD FARMINGTON, CT 06032
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### ***Attestation Phase (Part 3 of 3)***

This screen confirms you successfully completed the **Adopt, Implement or Upgrade Phase of the Attestation** tab.

Note the check box in the **Attestation** tab.

Click **Continue** to proceed to the **Review** section.

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
You have now completed the Attestation section of the application.
You may revisit this section any time to make corrections until such time as you actually Submit the application.
The Submit section of the application is now available.
Before submitting the application, please review the information you have provided in this section, and all previous sections.
Continue

## ***ATTESTATION (cont.)***

### ***Meaningful Use Phase Part 1 of 3***

Note: Dually-eligible hospitals will not see this screen since Meaningful Use attestation is done at the CMS R&A Web site.

You should select the **Meaningful Use** button if you have completed the meaningful use requirements for appropriate timeframes.

Click **Save & Continue** to proceed, or click **Previous** or **Reset** to clear unsaved data and move to the screen where the last data was saved.

## ***ATTESTATION (cont.)***

### ***Meaningful Use Phase Part 1 of 3***

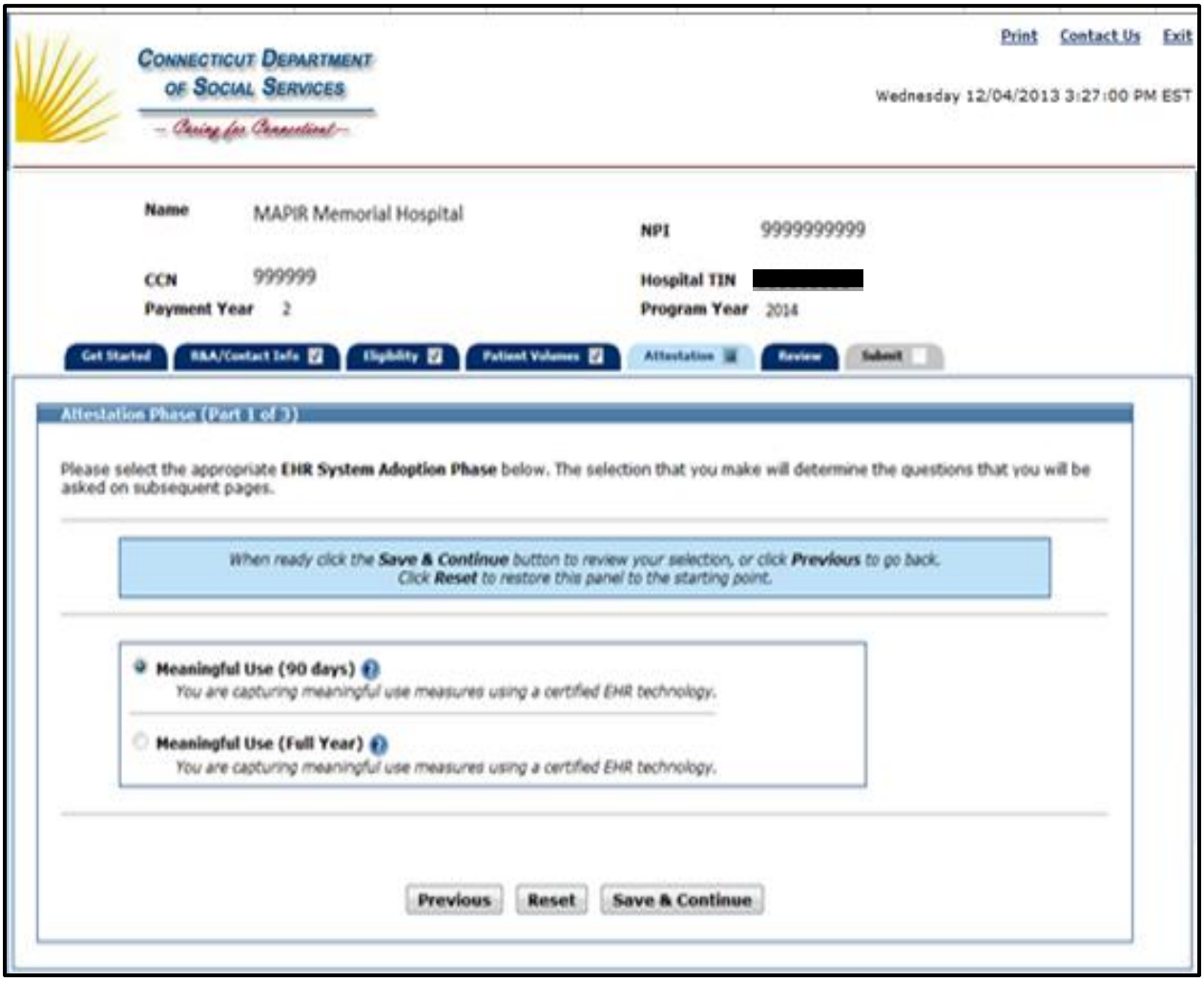
Select an EHR System Adoption Phase for reporting **Meaningful Use of certified EHR technology**. The selections available to you will depend on the Program Year you are in.

If you are in Program Year 2014, you must attest to Meaningful Use (90 days); therefore, the Meaningful Use (Full Year) option will be disabled. The screen below is an example of this scenario.

If you are in Program Year 2015 or higher and have previously attested to Adoption, Implementation, or Upgrade, you may attest to Meaningful Use (90 days) or Meaningful Use (Full Year).

If you are in Program Year 2015 or higher and you have previously attested to Meaningful Use, you must attest to Meaningful Use (Full Year); therefore, only this option will display.

Click **Save & Continue** to proceed to Final Attestation or **Previous** to return, or **Reset** to clear all data.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Wednesday 12/04/2013 3:27:00 PM EST
Name MAPIR Memorial Hospital
NPI 9999999999
CCN 999999
Hospital TIN [redacted]
Payment Year 2
Program Year 2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Phase (Part 1 of 3)
Please select the appropriate EHR System Adoption Phase below. The selection that you make will determine the questions that you will be asked on subsequent pages.
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel to the starting point.
Meaningful Use (90 days)
You are capturing meaningful use measures using a certified EHR technology.
Meaningful Use (Full Year)
You are capturing meaningful use measures using a certified EHR technology.
Previous
Reset
Save & Continue

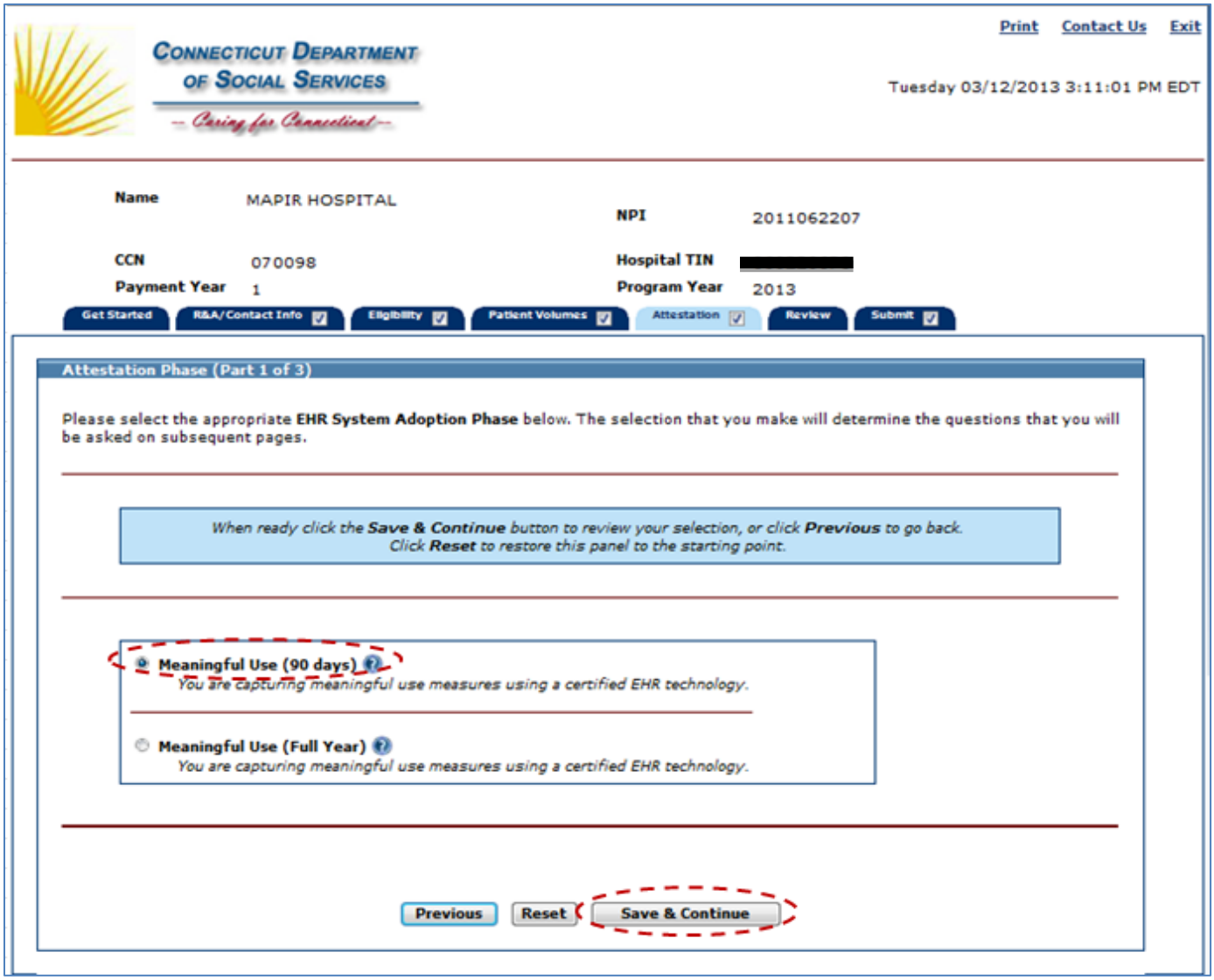
## ***ATTESTATION (cont.)***

## ***Meaningful Use Phase Part 1 of 3***

This screen shows that the 90 day **Meaningful Use** attestation option was chosen.

Click **Save & Continue** to proceed to Final Attestation or **Previous** to return, or

**Reset** to clear all data.



## ***ATTESTATION (cont.)***

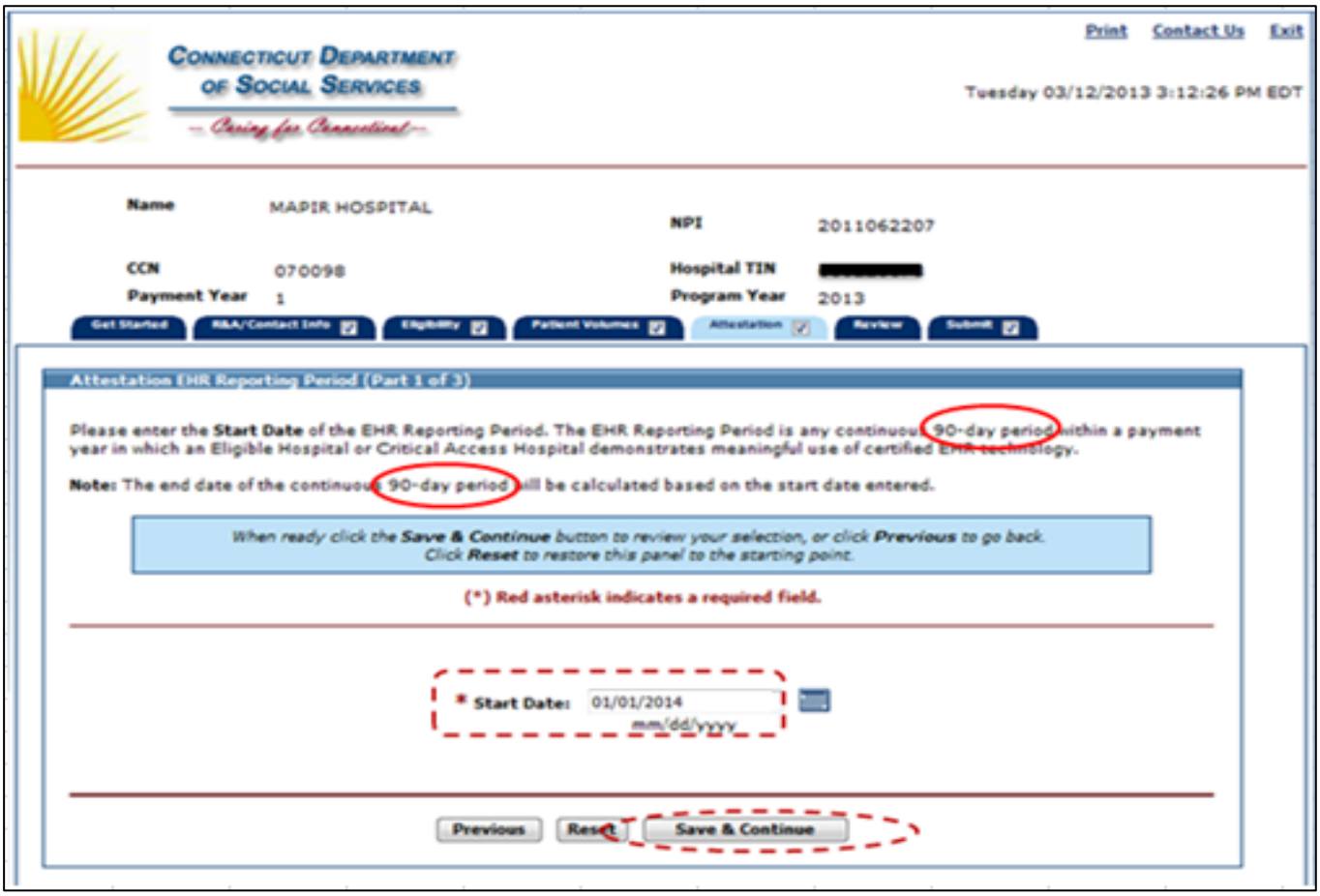
### ***Meaningful Use Phase Part 1 of 3***

Depending on the selection made on the previous screen, the Attestation EHR Reporting Period (Part 1 of 3) screen will display with the 90-day period or the full year period. The example below displays the 90-day period for an incentive application in Program Year 2014.

Enter a **Start Date** or use the calendar located to the right of the Start Date field.

For Program Year 2014, the 90 day EHR reporting period must fall within the Program Year begin and end date range, and not include days in a grace period.

Click **Save & Continue** to proceed, or click **Previous** or **Reset** to clear unsaved data and move to the screen where the last data was saved.

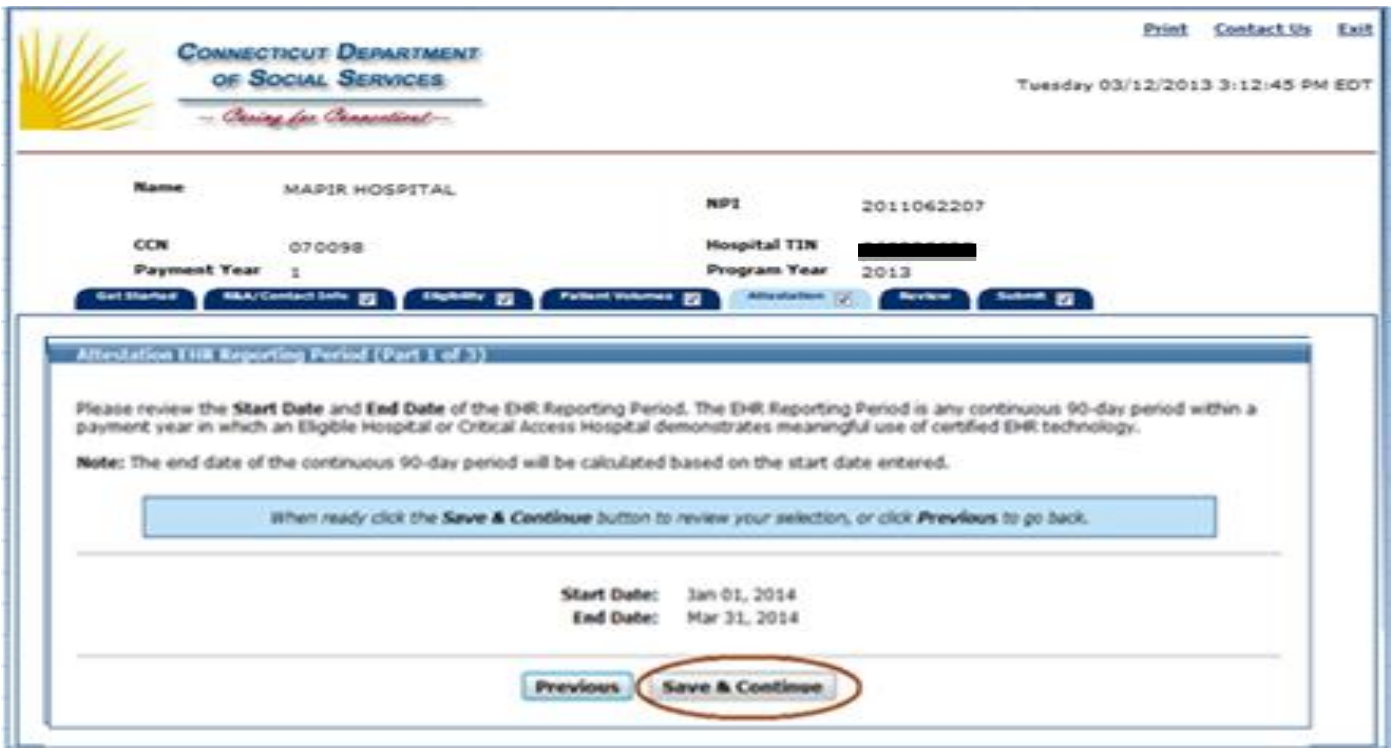

Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Tuesday 03/12/2013 3:12:26 PM EDT
Name
MAPIR HOSPITAL
NPI
2011062207
CCN
070098
Hospital TIN
Payment Year
1
Program Year
2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation EHR Reporting Period (Part 1 of 3)
Please enter the Start Date of the EHR Reporting Period. The EHR Reporting Period is any continuous 90-day period within a payment year in which an Eligible Hospital or Critical Access Hospital demonstrates meaningful use of certified EHR technology.
Note: The end date of the continuous 90-day period will be calculated based on the start date entered.
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
* Start Date:
01/01/2014
mm/dd/yyyy
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### ***Meaningful Use Phase Part 1 of 3***

This screen shows an example of a **Start Date** of Jan 01, 2014 and a system-calculated **End Date** of Mar 31, 2014 for the period which you are attesting meaningful use.

Click **Save & Continue** to proceed, or click **Previous** to go back.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Tuesday 03/12/2013 3:12:45 PM EDT
Name
MAPIR HOSPITAL
NPI
2011062207
CCN
070098
Hospital TIN
Payment Year
1
Program Year
2013
Please review the Start Date and End Date of the EHR Reporting Period. The EHR Reporting Period is any continuous 90-day period within a payment year in which an Eligible Hospital or Critical Access Hospital demonstrates meaningful use of certified EHR technology.
Note: The end date of the continuous 90-day period will be calculated based on the start date entered.
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Start Date:
Jan 01, 2014
End Date:
Mar 31, 2014
Previous
Save & Continue

## ***ATTESTATION (cont.)***

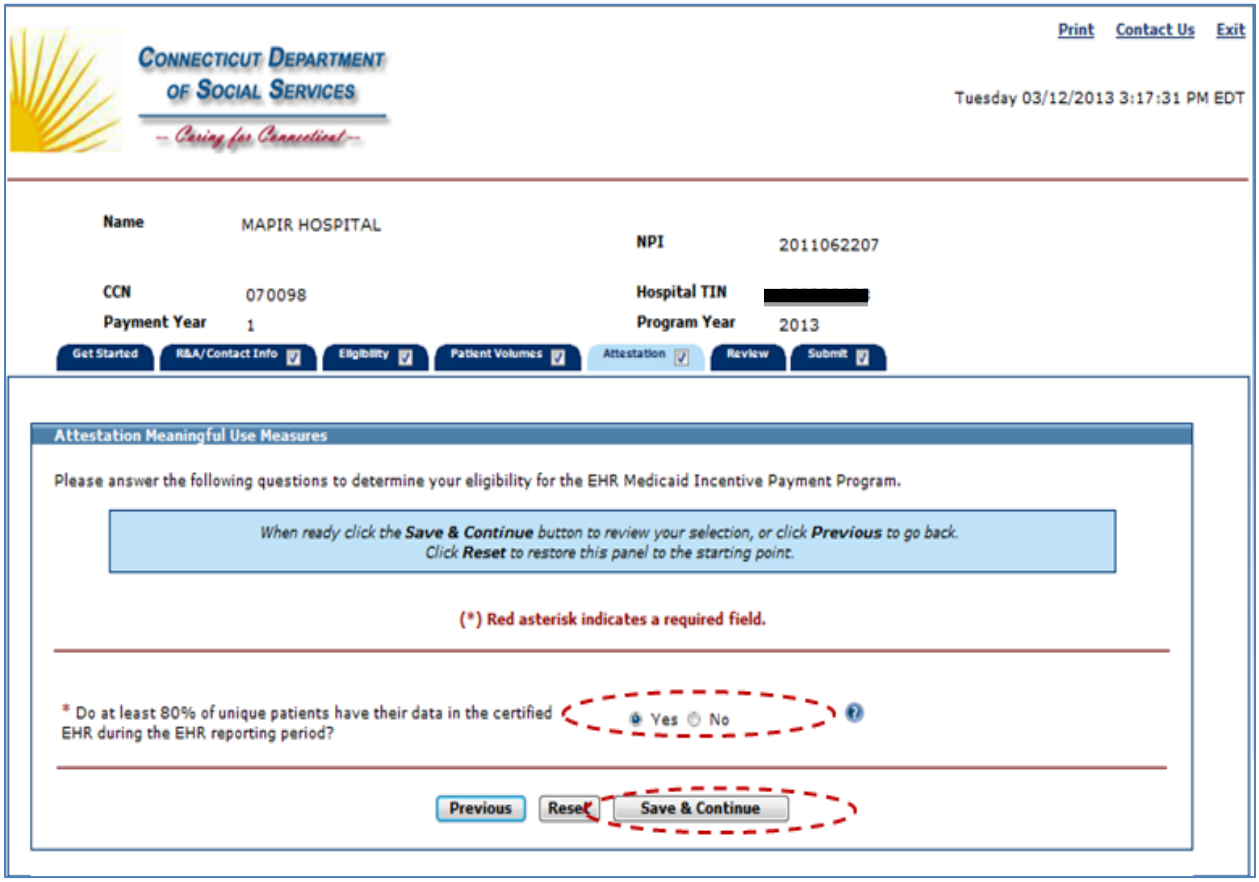
### ***Meaningful Use Phase Part 1 of 3***

The Medicaid EHR Incentive Program is staged in three stages with increasing requirements for participation. All EHs begin participating by meeting the Stage 1 requirements for a 90-day period in their first year of Meaningful Use and a full year in their second year of Meaningful Use (except for Program Year 2014). After meeting the Stage 1 requirements, the EH then has to meet the Stage 2 requirements for two full years. Stage 1 Meaningful Use and Stage 2 Meaningful Use requirements are addressed in different sections of this manual.

This screen displays the General Requirement question that needs to be completed in order to proceed with the attestation.

Click **Yes** or **No** to the first question.

Click **Save & Continue** to proceed to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.



## ***ATTESTATION (cont.)***

### ***Meaningful Use Dashboard***

This dashboard will display your progress on the various measures as you progress through the application. The Attestation Meaningful Use Measures are divided into three distinct topics: Core Measures, Menu Set Measures, and Clinical Quality Measures.

You may choose which set of measures you wish to begin first as you do no need to go in order. All three topics must be completed.

To start a Topic, click the **Begin** button.

Click **Save & Continue** to proceed with the attestation process or **Previous** to return.

Print
Contact Us
Exit
Connecticut Department of Social Services
Caring for Connecticut
Tuesday 03/12/2013 3:03:42 PM EDT
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures are completed.
Available actions for a topic will be determined by current progress level. To start a topic select the "Begin" button. To modify a topic where entries have been made select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.
Completed?
Topics
Progress
Action
Core Measures
Begin
Menu Set Measures
Begin
Clinical Quality Measures
Begin
Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.
Previous
Save & Continue

## ***ATTESTATION (cont.)***

### *Stage 1*

### Meaningful Use – Core Measures

The screen on the following page summarizes the requirements for the Meaningful Use Core Measures. Please read this as it provides details that will make it easier to complete the application.

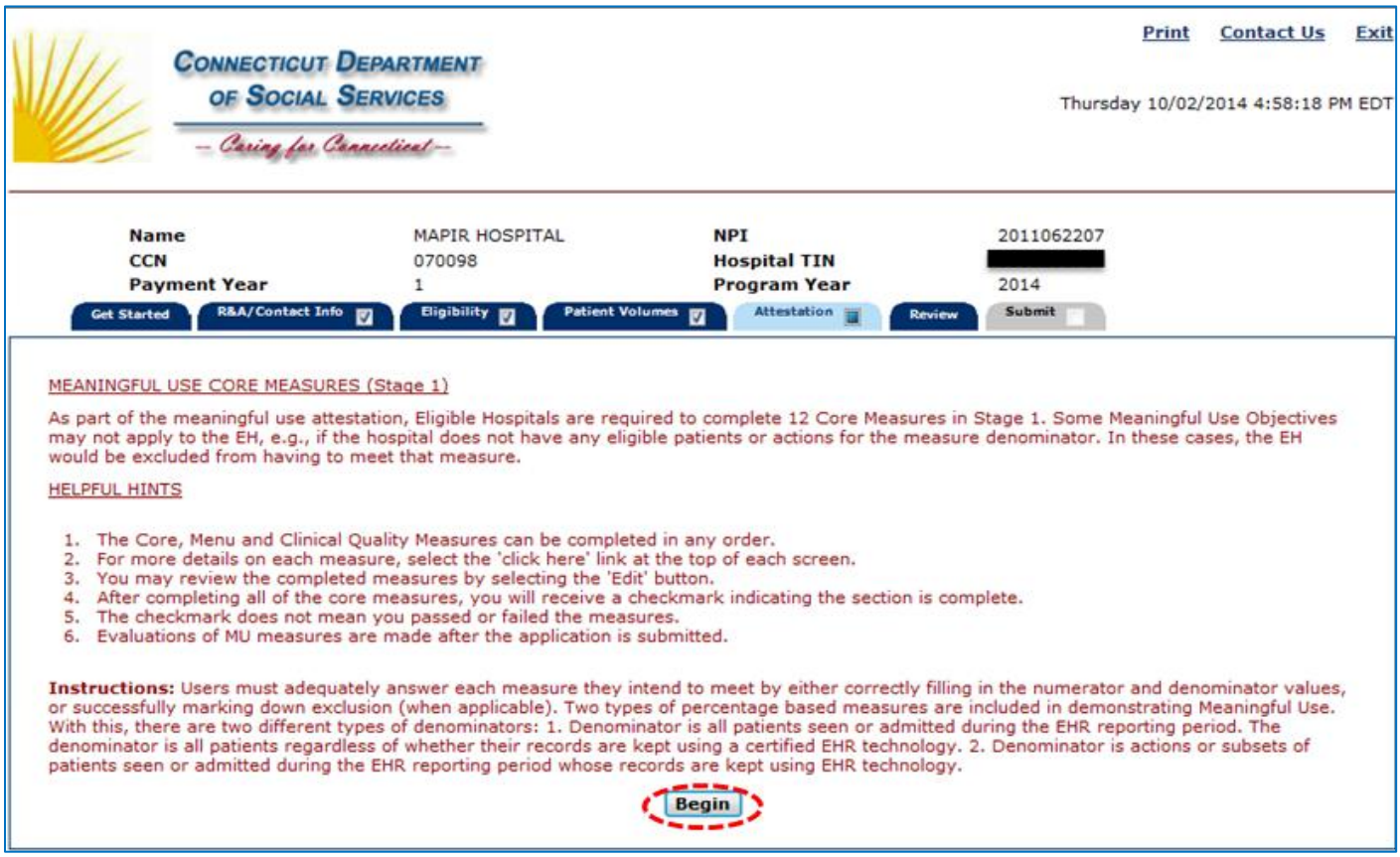
Please note that Meaningful Use Core Measures 9, 11, and 13 are no longer available for attestation.

**NOTE:** Eligible Hospitals are required to complete all 12 Core Measures even if you meet the exclusion requirements.

Click **Begin** to start the Core Measure List Table.

If you are in Meaningful Use Stage 1, proceed to the next page.

If you are in Meaningful Use Stage 2, proceed to page 110.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Thursday 10/02/2014 4:58:18 PM EDT
Name
MAPIR HOSPITAL
NPI
2011062207
CCN
070098
Hospital TIN
Payment Year
1
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
MEANINGFUL USE CORE MEASURES (Stage 1)
As part of the meaningful use attestation, Eligible Hospitals are required to complete 12 Core Measures in Stage 1. Some Meaningful Use Objectives may not apply to the EH, e.g., if the hospital does not have any eligible patients or actions for the measure denominator. In these cases, the EH would be excluded from having to meet that measure.
HELPFUL HINTS
1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. For more details on each measure, select the 'click here' link at the top of each screen.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing all of the core measures, you will receive a checkmark indicating the section is complete.
5. The checkmark does not mean you passed or failed the measures.
6. Evaluations of MU measures are made after the application is submitted.
Instructions: Users must adequately answer each measure they intend to meet by either correctly filling in the numerator and denominator values, or successfully marking down exclusion (when applicable). Two types of percentage based measures are included in demonstrating Meaningful Use. With this, there are two different types of denominators: 1. Denominator is all patients seen or admitted during the EHR reporting period. The denominator is all patients regardless of whether their records are kept using a certified EHR technology. 2. Denominator is actions or subsets of patients seen or admitted during the EHR reporting period whose records are kept using EHR technology.
Begin

## ***ATTESTATION (cont.)***

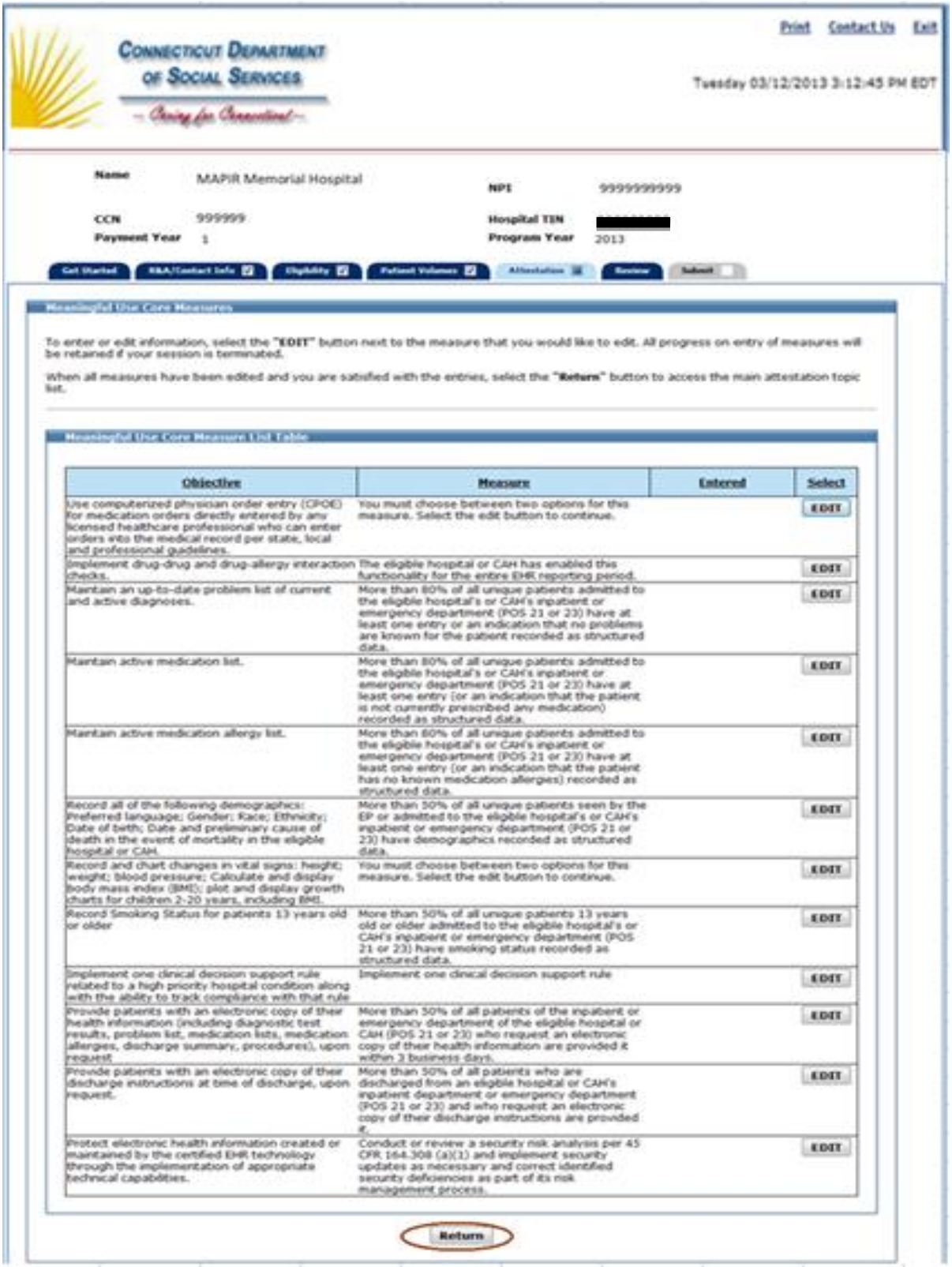
### Meaningful Use – Core Measures

The screen on the following page displays the Meaningful Use Core Measure List Table.

The first time a topic is accessed you will see an **Edit** option for each measure.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for a measure, or click **Return** to return to the Measures Topic List.


Print
Contact Us
Exit
Connecticut Department of Social Services
Caring for Connecticut
Tuesday 03/12/2013 3:12:45 PM EDT
Name
MAPIR Memorial Hospital
NPI
9999999999
CCN
999999
Hospital TIN
Payment Year
1
Program Year
2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Meaningful Use Core Measures
To enter or edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.
When all measures have been edited and you are satisfied with the entries, select the "Return" button to access the main attestation topic list.
Meaningful Use Core Measure List Table
Objective
Measure
Entered
Select
Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.
You must choose between two options for this measure. Select the edit button to continue.
EDIT
Implement drug-drug and drug-allergy interaction checks.
The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.
EDIT
Maintain an up-to-date problem list of current and active diagnoses.
More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.
EDIT
Maintain active medication list.
More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.
EDIT
Maintain active medication allergy list.
More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.
EDIT
Record all of the following demographics: Preferred language; Gender; Race; Ethnicity; Date of birth; Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.
More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.
EDIT
Record and chart changes in vital signs: Height; weight; blood pressure; Calculate and display body mass index (BMI); plot and display growth charts for children 2-20 years, including BMI.
You must choose between two options for this measure. Select the edit button to continue.
EDIT
Record Smoking Status for patients 13 years old or older
More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.
EDIT
Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule
Implement one clinical decision support rule
EDIT
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request
More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.
EDIT
Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.
More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.
EDIT
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.
Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.
EDIT
Return

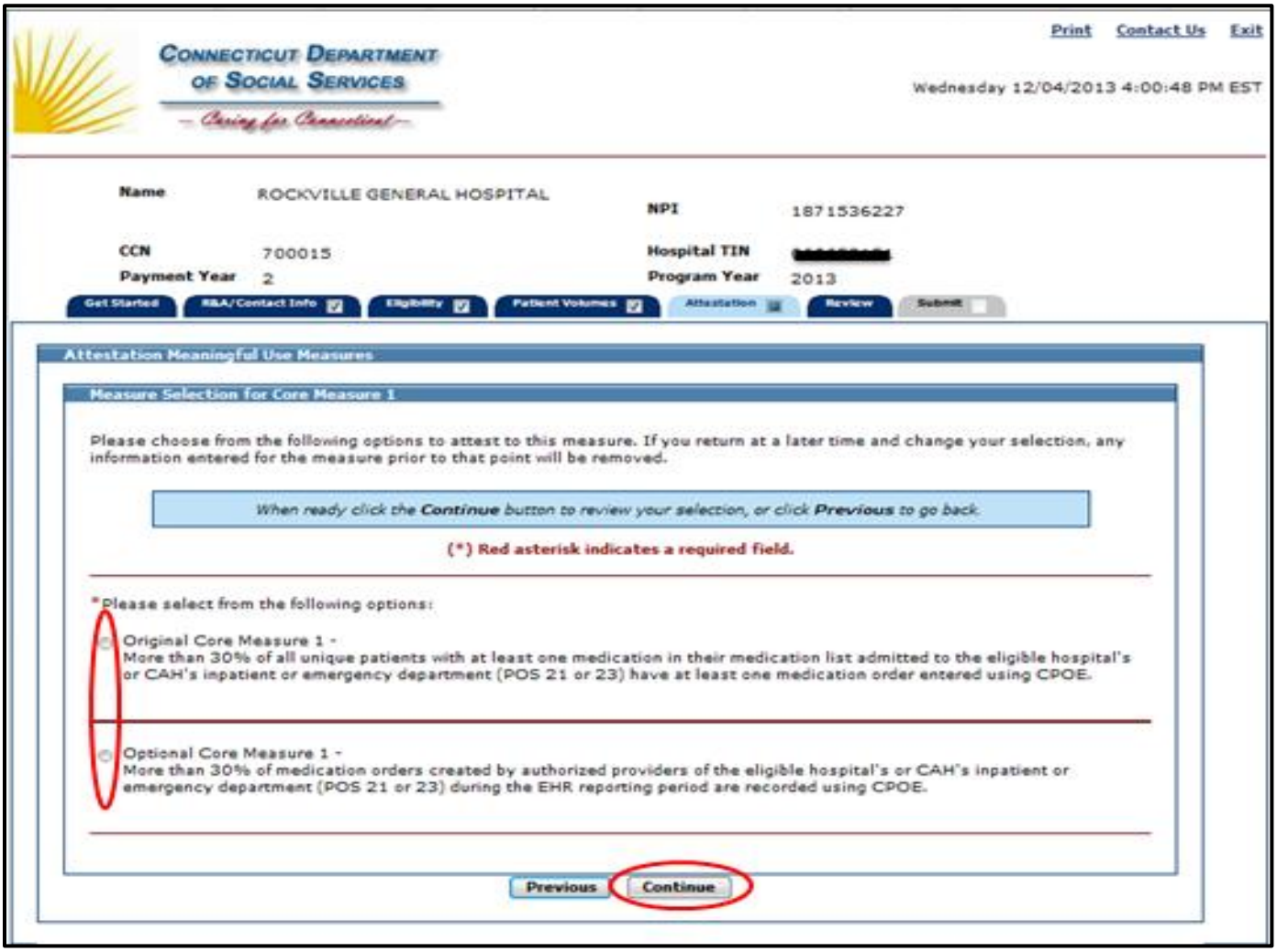
## *ATTESTATION (cont.)*

### Meaningful Use – Core Measures

#### Measure Selection for Core Measure 1 (Measure Code EHCMU01)

Core Measure 1 has two options, the **Original Core Measure 1** or the **Optional Core Measure 1**. On the Measure Selection for Core Measure 1 screen, choose if you would like to attest to the **Original Core Measure 1** or the **Optional Core Measure 1**. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.

Click **Continue** to proceed to the appropriate core measure screen for the option you selected or click **Previous** to go back.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Wednesday 12/04/2013 4:00:48 PM EST
Name
ROCKVILLE GENERAL HOSPITAL
NPI
1871536227
CCN
700015
Hospital TIN
Payment Year
2
Program Year
2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Measure Selection for Core Measure 1
Please choose from the following options to attest to this measure. If you return at a later time and change your selection, any information entered for the measure prior to that point will be removed.
When ready click the Continue button to review your selection, or click Previous to go back.
(*) Red asterisk indicates a required field.
*Please select from the following options:
Original Core Measure 1 -
More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.
Optional Core Measure 1 -
More than 30% of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.
Previous
Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

The following is a list of the 11 Meaningful Use Core Measures that you must attest to (Core Measure 1 has two versions to choose from).

Click on the Screen Example to see an example of the screen layout.

| Meaningful Use Core Measure | Screen Example |
|---|---|
| Core Measure 1 - CPOE for Medication Orders Original | Screen 1 |
| Core Measure 1 – CPOE for Medication Orders Optional | Screen 1 |
| Core Measure 2 – Drug Interaction Checks | Screen 2 |
| Core Measure 3 – Maintain Problem List | Screen 3 |
| Core Measure 4 – Active Medication List | Screen 3 |
| Core Measure 5 – Medication Allergy List | Screen 3 |
| Core Measure 6 – Record Demographics | Screen 3 |
| Core Measure 7 – Record Vital Signs | Screen 1 |
| Core Measure 8 – Record Smoking Status | Screen 4 |
| Core Measure 10 – Clinical Decision Support Rule | Screen 2 |
| Core Measure 12 – Electronic Copy of Discharge Instructions | Screen 5 |
| Core Measure 14 – Protect Electronic Health Information | Screen 2 |

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

There are 12 Meaningful Use Core Measure screens (Core Measure 1 has two screens to choose from). As you proceed through the Meaningful Use Core Measure section of MAPIR, you will see five different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Core Measure, **click on the link provided above the blue instruction box**.

Screen layout examples are shown below.

**Screen 1**

The following Meaningful Use Core Measures use this screen layout:

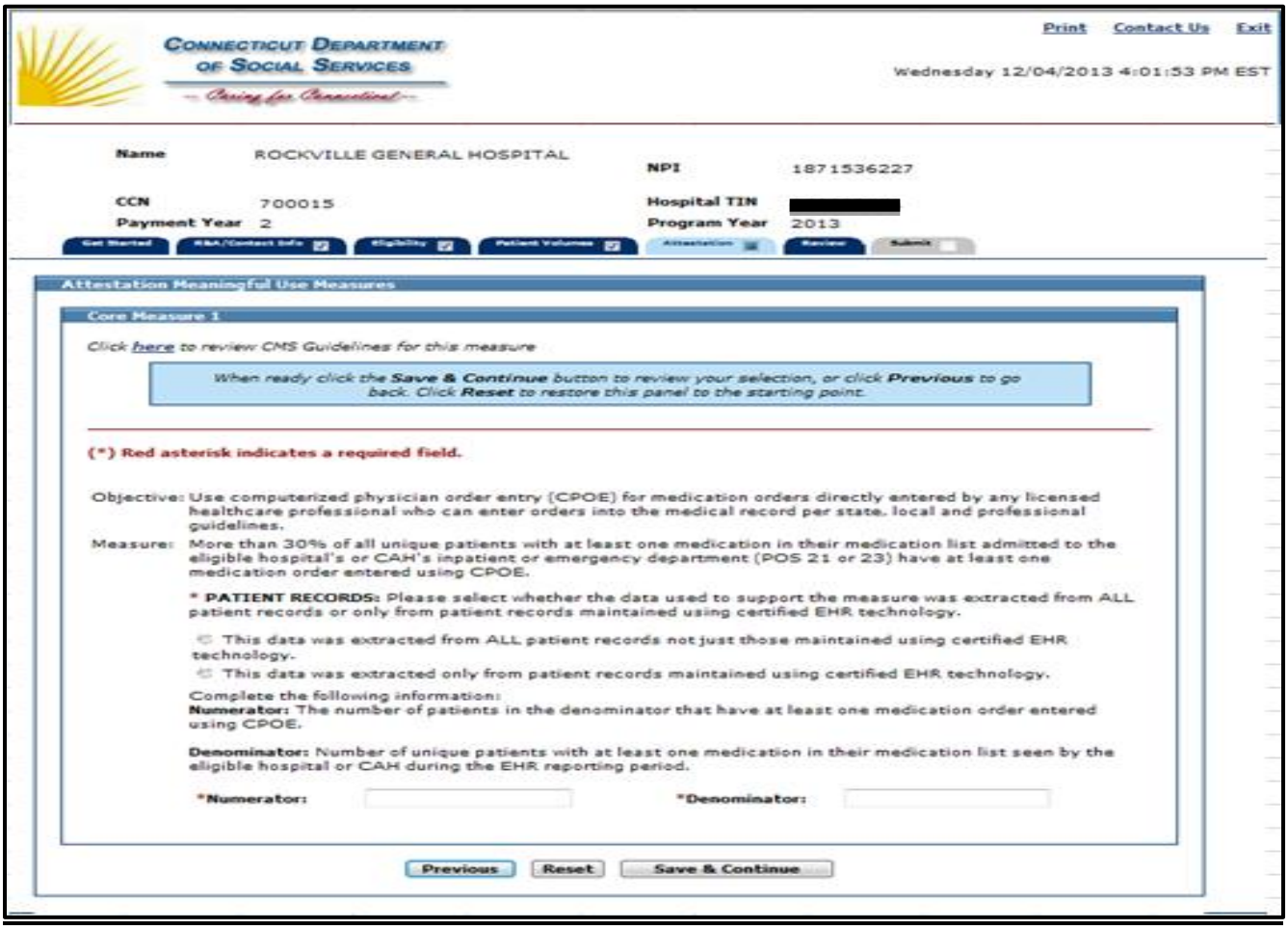
**Core Measures 1 (Original and Optional) and 7**

To view more details about either measure, click the *here* link located on the screen.

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator entered.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Wednesday 12/04/2013 4:01:53 PM EST
Name
ROCKVILLE GENERAL HOSPITAL
NPI
1871536227
CCN
700015
Hospital TIN
Payment Year
2
Program Year
2013
Attestation Meaningful Use Measures
Core Measure 1
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.
Measure: More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.
* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
This data was extracted from ALL patient records not just those maintained using certified EHR technology.
This data was extracted only from patient records maintained using certified EHR technology.
Complete the following information:
Numerator: The number of patients in the denominator that have at least one medication order entered using CPOE.
Denominator: Number of unique patients with at least one medication in their medication list seen by the eligible hospital or CAH during the EHR reporting period.
*Numerator:
*Denominator:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

#### Screen 2

The following Meaningful Use Core Measures use this screen layout:

**Core Measures 2, 10, and 14**

To view more details about any of the measures, click the *here* link located on the screen.

Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Wednesday 12/04/2013 4:03:45 PM EST
Name ROCKVILLE GENERAL HOSPITAL
NPI 1871536227
CCN 700015
Hospital TIN [redacted]
Payment Year 2
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Core Measure 2
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Implement drug-drug and drug-allergy interaction checks.
Measure: The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.
Complete the following information:
*Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?
Yes No
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

#### Screen 3

The following Meaningful Use Core Measures use this screen layout:

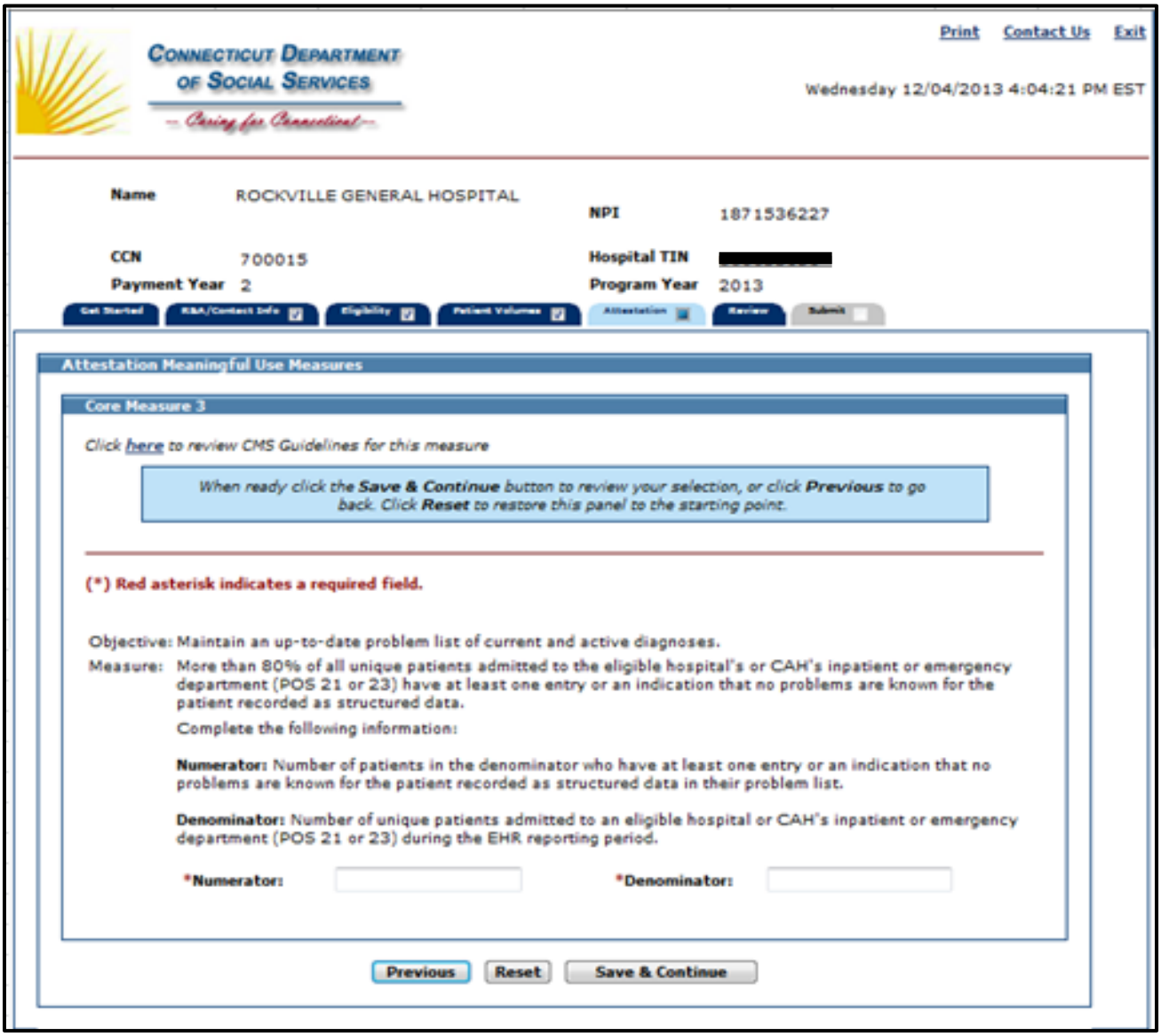
**Core Measures 3, 4, 5, and 6**

To view more details about any of the measures, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.


Print
Contact Us
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CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Wednesday 12/04/2013 4:04:21 PM EST
Name
ROCKVILLE GENERAL HOSPITAL
NPI
1871536227
CCN
700015
Hospital TIN
Payment Year
2
Program Year
2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Core Measure 3
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Maintain an up-to-date problem list of current and active diagnoses.
Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.
Complete the following information:
Numerator: Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.
Denominator: Number of unique patients admitted to an eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
*Numerator:
*Denominator:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

#### Screen 4

The following Meaningful Use Core Measures use this screen layout:

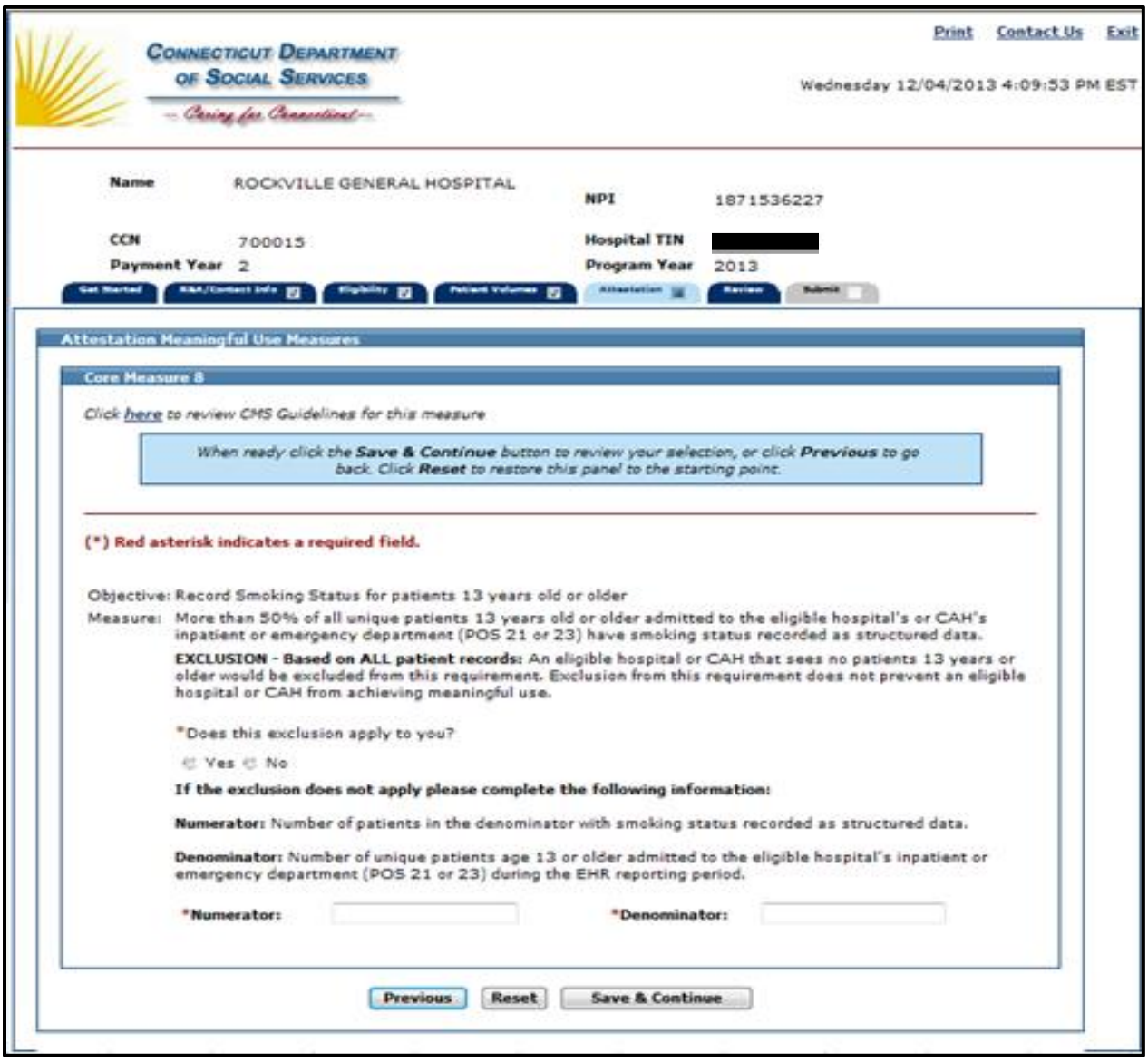
#### Core Measure 8

To view more details about this measure, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.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Contact Us
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CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Wednesday 12/04/2013 4:09:53 PM EST
Name ROCKVILLE GENERAL HOSPITAL
NPI 1871536227
CCN 700015
Hospital TIN [redacted]
Payment Year 2
Program Year 2013
Attestation Meaningful Use Measures
Core Measure 8
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Record Smoking Status for patients 13 years old or older
Measure: More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.
EXCLUSION - Based on ALL patient records: An eligible hospital or CAH that sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.
*Does this exclusion apply to you?
Yes No
If the exclusion does not apply please complete the following information:
Numerator: Number of patients in the denominator with smoking status recorded as structured data.
Denominator: Number of unique patients age 13 or older admitted to the eligible hospital's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
*Numerator:
*Denominator:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

#### Screen 5

The following Meaningful Use Core Measures use this screen layout:

#### Core Measure 12

To view more details about this measure, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Wednesday 12/04/2013 4:13:18 PM EST
Name ROCKVILLE GENERAL HOSPITAL
NPI 1871536227
CCN 700015
Hospital TIN [redacted]
Payment Year 2
Program Year 2013
Attestation Meaningful Use Measures
Core Measure 12
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.
Measure: More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.
* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
This data was extracted from ALL patient records not just those maintained using certified EHR technology.
This data was extracted only from patient records maintained using certified EHR technology.
EXCLUSION - Based on ALL patient records: An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of their discharge instructions during the EHR reporting period they would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.
*Does this exclusion apply to you?
Yes No
If the exclusion does not apply please complete the following information:
Numerator: The number of patients in the denominator who are provided an electronic copy of discharge instructions.
Denominator: Number of patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) who request an electronic copy of their discharge instructions during the EHR reporting period.
*Numerator:
*Denominator:
Previous
Reset
Save & Continue

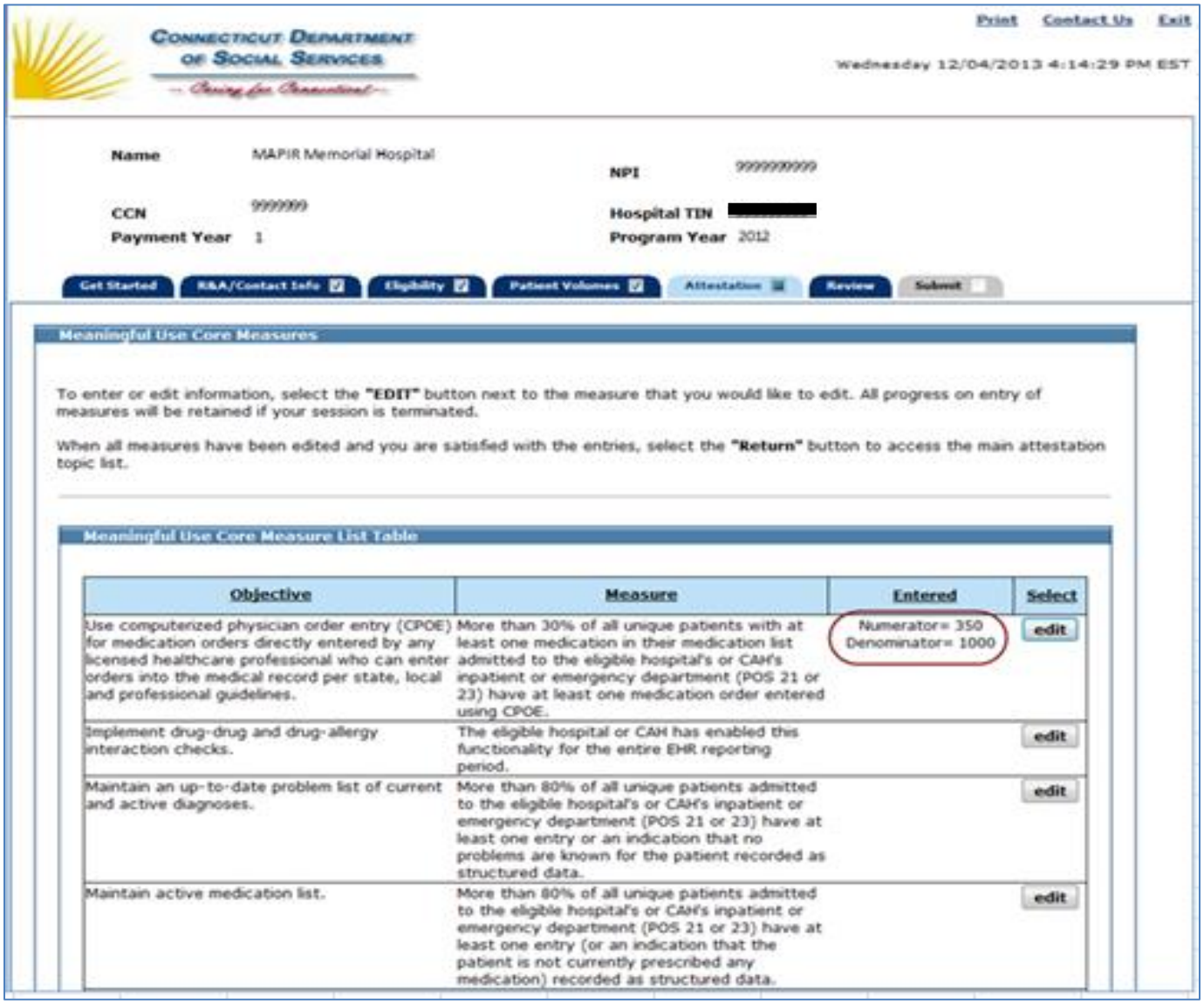
## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

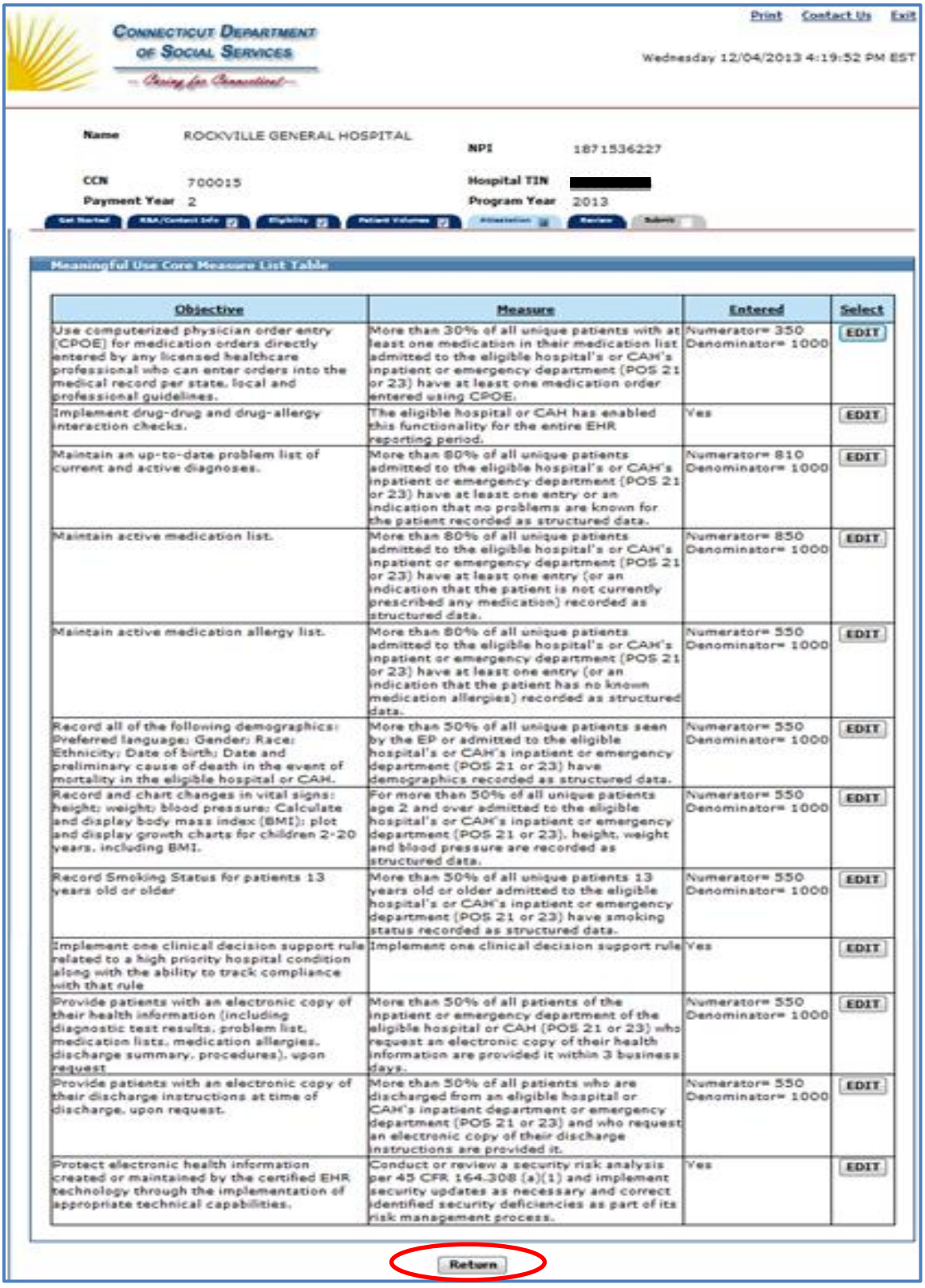
After you enter information for a measure, click the **Save & Continue** button. You will be returned to the Meaningful Use Core Measure List Table. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below (please note that the entire screen is not displayed in this example).

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.


Print
Contact Us
Exit
Wednesday 12/04/2013 4:14:29 PM EST
Name MAPIR Memorial Hospital
NPI 9999999999
CCN 999999
Hospital TIN [redacted]
Payment Year 1
Program Year 2012
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Meaningful Use Core Measures
To enter or edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.
When all measures have been edited and you are satisfied with the entries, select the "Return" button to access the main attestation topic list.
Meaningful Use Core Measure List Table
Objective
Measure
Entered
Select
Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.
More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.
Numerator= 350
Denominator= 1000
edit
Implement drug-drug and drug-allergy interaction checks.
The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.
edit
Maintain an up-to-date problem list of current and active diagnoses.
More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.
edit
Maintain active medication list.
More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.
edit

Once you have attested to all the measures for this topic, click **Return** to return to the Measures Topic List.



Print Contact Us Exit

Connecticut Department of Social Services

Wednesday 12/04/2013 4:19:52 PM EST

Name ROCKVILLE GENERAL HOSPITAL NPI 1871536227

CCN 700015 Hospital TIN [redacted]

Payment Year 2 Program Year 2013

Meaningful Use Core Measure List Table

| Objective | Measure | Entered | Select |
|---|---|---|---|
| Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines. | More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE. | Numerator= 350 Denominator= 1000 | EDIT |
| Implement drug-drug and drug-allergy interaction checks. | The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period. | Yes | EDIT |
| Maintain an up-to-date problem list of current and active diagnoses. | More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data. | Numerator= 810 Denominator= 1000 | EDIT |
| Maintain active medication list. | More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data. | Numerator= 850 Denominator= 1000 | EDIT |
| Maintain active medication allergy list. | More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data. | Numerator= 550 Denominator= 1000 | EDIT |
| Record all of the following demographics: Preferred language; Gender; Race; Ethnicity; Date of birth; Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH. | More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data. | Numerator= 550 Denominator= 1000 | EDIT |
| Record and chart changes in vital signs: height; weight; blood pressure; Calculate and display body mass index (BMI); plot and display growth charts for children 2-20 years, including BMI. | For more than 50% of all unique patients age 2 and over admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data. | Numerator= 550 Denominator= 1000 | EDIT |
| Record Smoking Status for patients 13 years old or older | More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data. | Numerator= 550 Denominator= 1000 | EDIT |
| Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule | Implement one clinical decision support rule | Yes | EDIT |
| Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request | More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days. | Numerator= 550 Denominator= 1000 | EDIT |
| Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request. | More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it. | Numerator= 550 Denominator= 1000 | EDIT |
| Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities. | Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process. | Yes | EDIT |

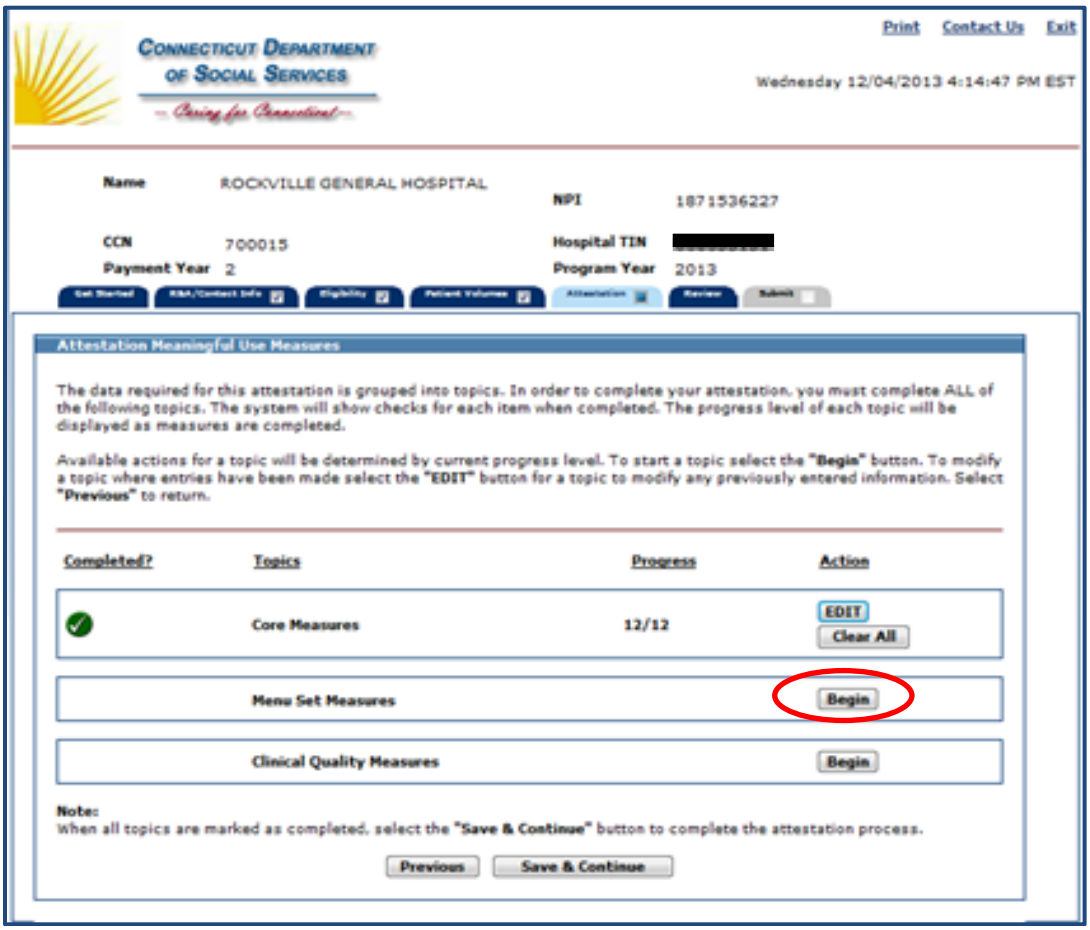
Return

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Wednesday 12/04/2013 4:14:47 PM EST
Name ROCKVILLE GENERAL HOSPITAL
NPI 1871536227
CCN 700015
Hospital TIN [redacted]
Payment Year 2
Program Year 2013
Attestation Meaningful Use Measures
The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures are completed.
Available actions for a topic will be determined by current progress level. To start a topic select the "Begin" button. To modify a topic where entries have been made select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.
Completed?
Topics
Progress
Action
Core Measures
12/12
EDIT
Clear All
Menu Set Measures
Begin
Clinical Quality Measures
Begin
Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.
Previous
Save & Continue

## ***ATTESTATION (cont.)***

### *Stage 1*

### Meaningful Use – Menu Set Measures

This screen summarizes the requirements for the Meaningful Use Menu Set Measures. Please read this as it provides details that will make it easier to complete the application.

**NOTE:** Eligible Hospitals are required to complete 5 out of 10 Menu Set Measures. At least one Public Health Measure must be included in the 5 choices. You may complete more than 5 even though you are only required to complete 5.

Click **Begin** to continue to the Meaningful Use Menu Measure Selection screen.

Print
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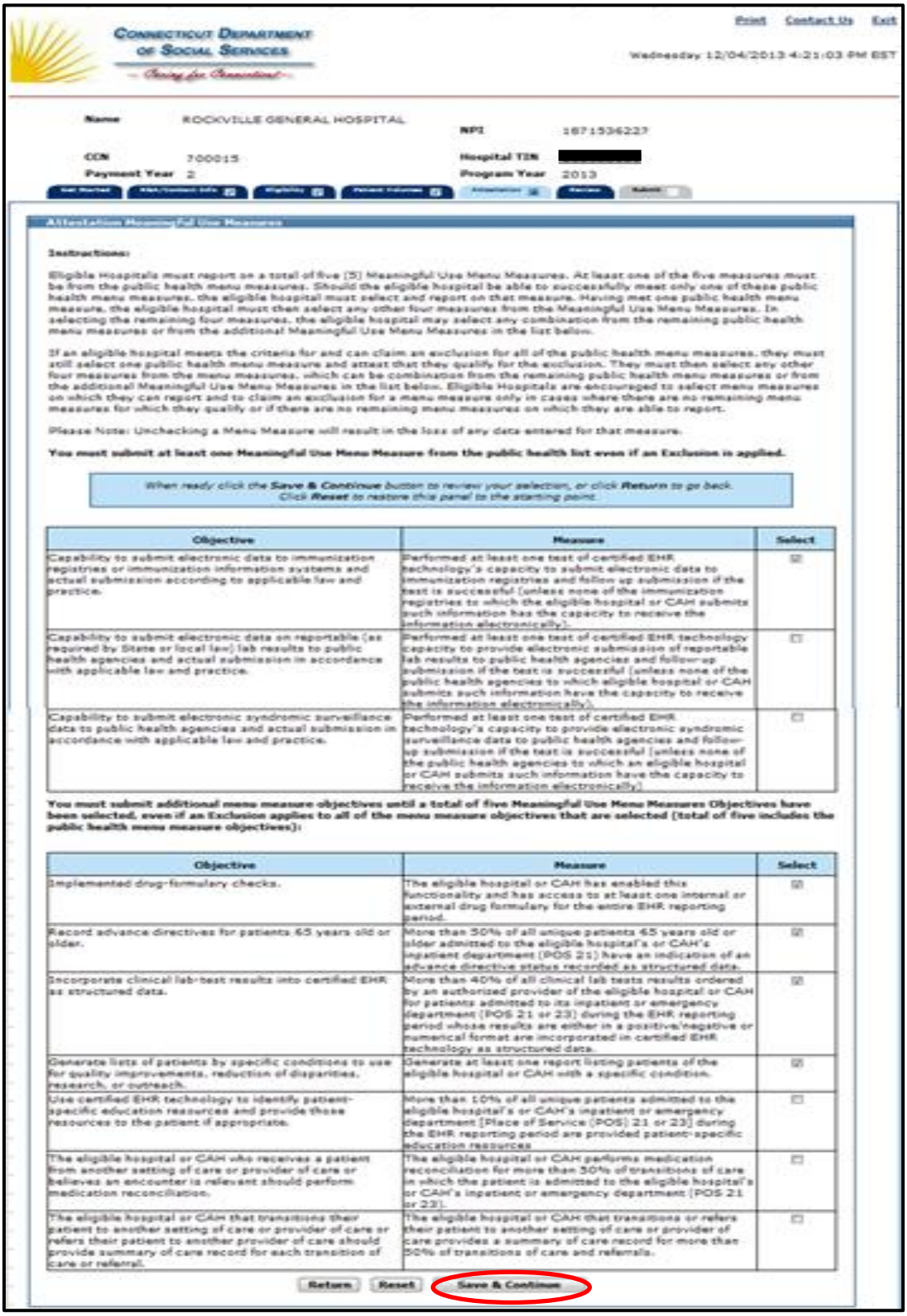
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Thursday 10/02/2014 5:00:00 PM EDT
Name
MAPIR HOSPITAL
NPI
2011062207
CCN
070098
Hospital TIN
Payment Year
1
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
MEANINGFUL USE MENU SET MEASURES (Stage 1)
As part of the meaningful use attestation process, Eligible Hospitals are required to complete 5 out of 10 Menu Set Measures in Stage 1. Some Meaningful Use Objectives may not apply to the EH thus you would not have any eligible patients or actions for the measure denominator. In these cases, the EH would be excluded from having to meet that measure.
HELPFUL HINTS
1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. For more details on each measure, select the 'click here' link at the top of each screen.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing the 5 measures, you will receive a checkmark indicating the section is complete.
5. The checkmark does not mean you passed or failed the measures.
6. Evaluations of MU measures are made after the application is submitted.
Begin

From the screen on the following page, choose a minimum of five Meaningful Use Menu Measures to attest to. One measure must be from the public health list (first three measures listed on the top half of the screen). The remainder of the measures can be any combination from the remaining public health list measures or from the additional Meaningful Use Menu Measures listed. In the example shown on the following page, one public health measure and four measures from the additional Meaningful Use Measures listed are selected.

If a measure is selected and information is entered for that measure, unselecting the measure will clear all information previously entered.

Click **Save & Continue** to proceed, or click **Return** to go back. Click **Reset** to restore this panel to the starting point.

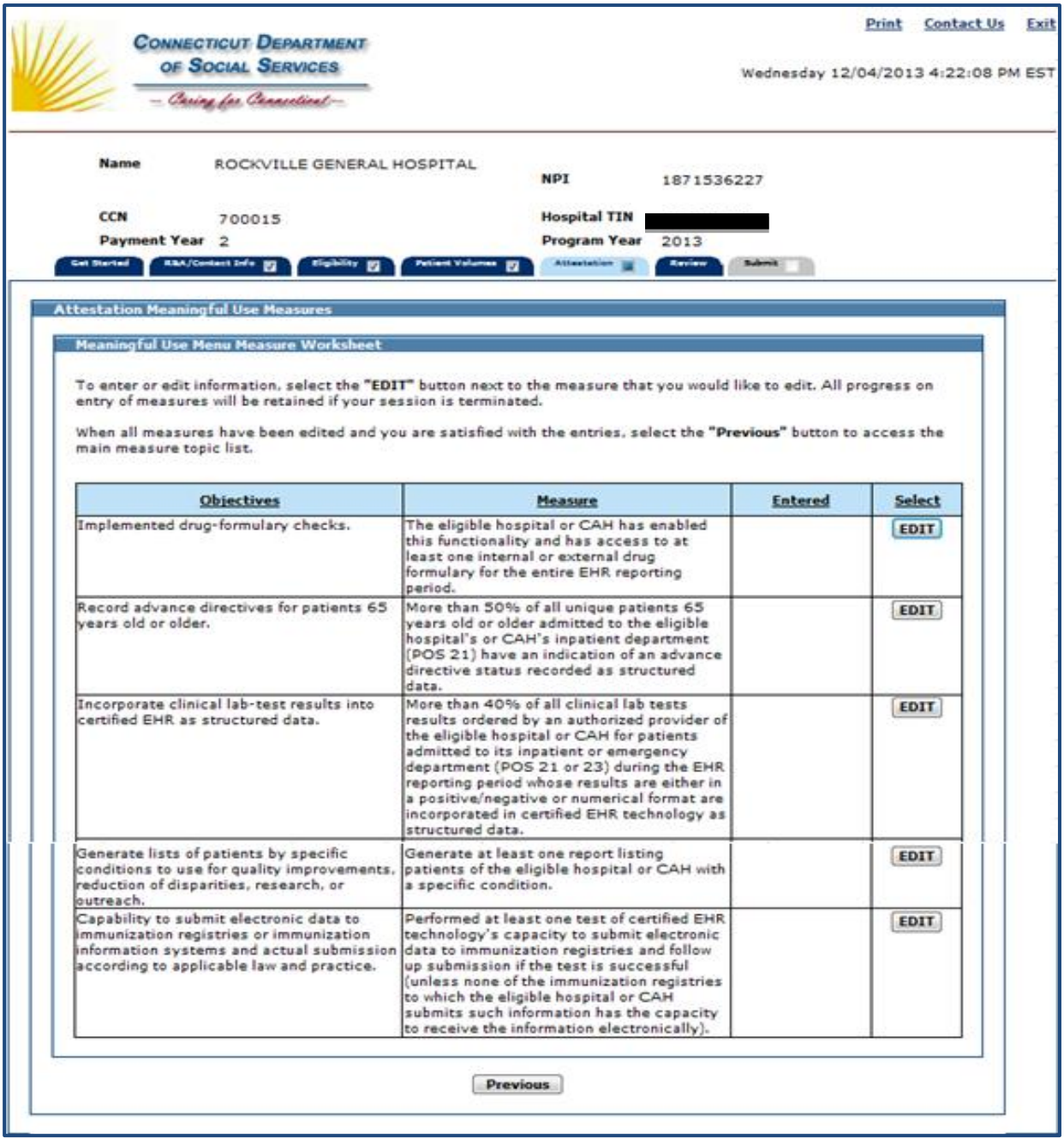

Print
Contact Us
Exit
Wednesday 12/04/2013 4:21:03 PM EST
Name ROCKVILLE GENERAL HOSPITAL
NPI 1871536227
CCN 700015
Hospital TIN [redacted]
Payment Year 2
Program Year 2013
Instructions:
Eligible Hospitals must report on a total of five (5) Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures. Should the eligible hospital be able to successfully meet only one of these public health menu measures, the eligible hospital must select and report on that measure. Having met one public health menu measure, the eligible hospital must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the eligible hospital may select any combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below.
If an eligible hospital meets the criteria for and can claim an exclusion for all of the public health menu measures, they must still select one public health menu measure and attest that they qualify for the exclusion. They must then select any other four measures from the menu measures, which can be combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below. Eligible Hospitals are encouraged to select menu measures on which they can report and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures on which they are able to report.
Please Note: Unchecking a Menu Measure will result in the loss of any data entered for that measure.
You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied.
When ready click the Save & Continue button to review your selection, or click Return to go back.
Click Reset to restore this panel to the starting point.
Objective
Measure
Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.
Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.
Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.
Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).
You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measures Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):
Objective
Measure
Select
Implemented drug-formulary checks.
The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.
Record advance directives for patients 65 years old or older.
More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.
Incorporate clinical lab-test results into certified EHR as structured data.
More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research, or outreach.
Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.
More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.
The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.
The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.
Return
Reset
Save & Continue

The five measures you selected to attest to will display on the Meaningful Use Menu Measure Worksheet. The example below displays the five measures selected on the previous screen example.

You must complete all measures.

Once information is successfully entered and saved for a measure it will be displayed in the Entered column on this screen.

Click **Edit** to enter or edit information for a measure or click **Previous** to return to the Measures Topic List.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Wednesday 12/04/2013 4:22:08 PM EST
Name ROCKVILLE GENERAL HOSPITAL
NPI 1871536227
CCN 700015
Hospital TIN [redacted]
Payment Year 2
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Meaningful Use Menu Measure Worksheet
To enter or edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.
When all measures have been edited and you are satisfied with the entries, select the "Previous" button to access the main measure topic list.
Objectives
Measure
Entered
Select
Implemented drug-formulary checks.
The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.
EDIT
Record advance directives for patients 65 years old or older.
More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.
EDIT
Incorporate clinical lab-test results into certified EHR as structured data.
More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
EDIT
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research, or outreach.
Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.
EDIT
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.
Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).
EDIT
Previous

The following is a list of the Meaningful Use Menu Measures that you may attest to.

Click on the Screen Example to see an example of the screen layout.

| Meaningful Use Menu Measure | Screen Example |
|---|---|
| Menu Measure 1 - Drug Formulary Checks | Screen 1 |
| Menu Measure 2 – Advance Directives | Screen 2 |
| Menu Measure 3 - Clinical Lab Test Results | Screen 3 |
| Menu Measure 4 – Patient List | Screen 1 |
| Menu Measure 5 – Patient-Specific Education Resources | Screen 4 |
| Menu Measure 6 – Medication Reconciliation | Screen 3 |
| Menu Measure 7 – Transition of Care Summary | Screen 3 |
| Menu Measure 8 – Immunization Registries Data Submission | Screen 5 |
| Menu Measure 9 – Report Lab Results to Public Health Agencies | Screen 5 |
| Menu Measure 10 – Syndromic Surveillance Data Submission | Screen 5 |

## ***ATTESTATION (cont.)***

### Meaningful Use – Menu Measures

There are a total of 10 Meaningful Use Menu Measure screens. As you proceed through the Meaningful Use Menu Measure section of MAPIR, you will see five different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Menu Measure, **click on the link provided above the blue instruction box.**

Screen layout examples are shown below.

**Screen 1**

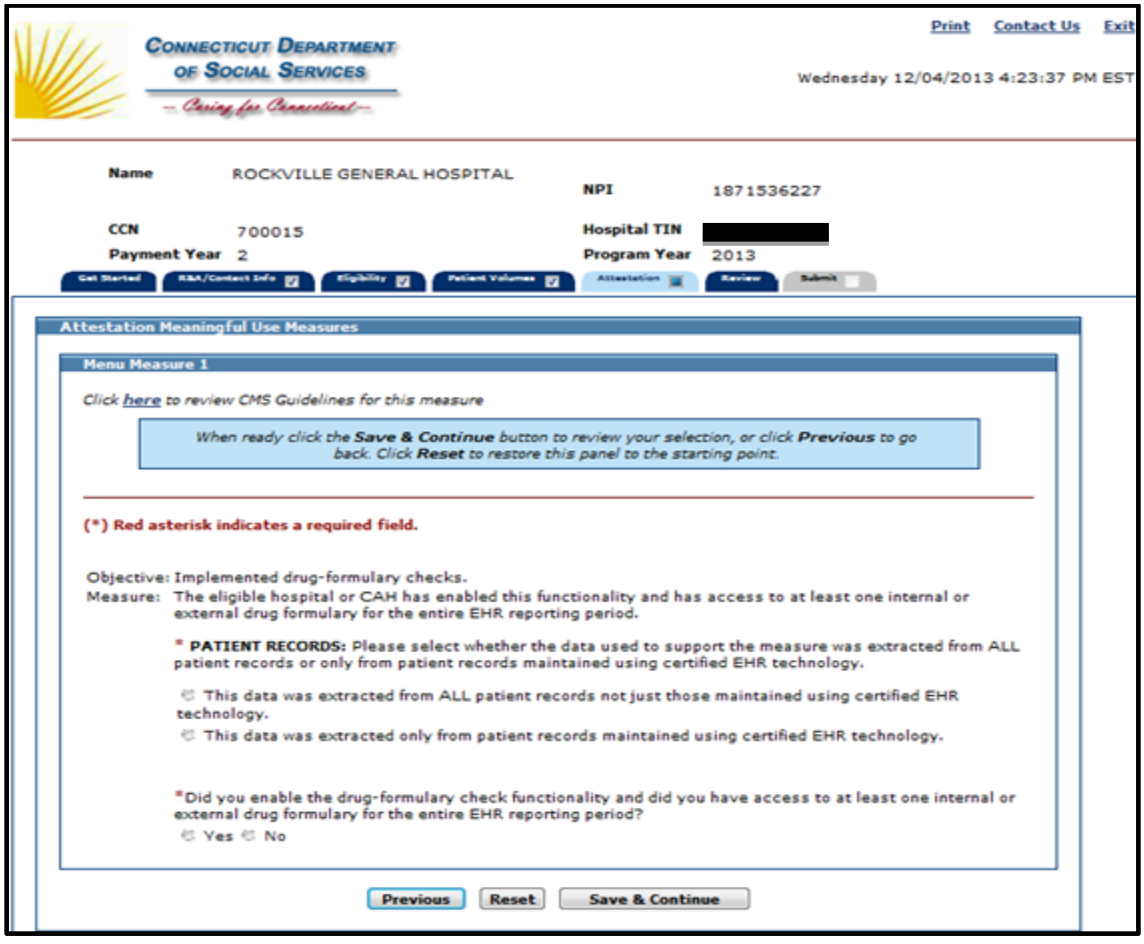
The following Meaningful Use Menu Measures use this screen layout:

**Menu Measures 1 and 4**

To view more details about either measures, click the *here* link located on the screen.

Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Wednesday 12/04/2013 4:23:37 PM EST
Name ROCKVILLE GENERAL HOSPITAL
NPI 1871536227
CCN 700015
Hospital TIN [redacted]
Payment Year 2
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Menu Measure 1
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Implemented drug-formulary checks.
Measure: The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.
* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
This data was extracted from ALL patient records not just those maintained using certified EHR technology.
This data was extracted only from patient records maintained using certified EHR technology.
*Did you enable the drug-formulary check functionality and did you have access to at least one internal or external drug formulary for the entire EHR reporting period?
Yes No
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Menu Measures

#### Screen 2

The following Meaningful Use Menu Measures use this screen layout:

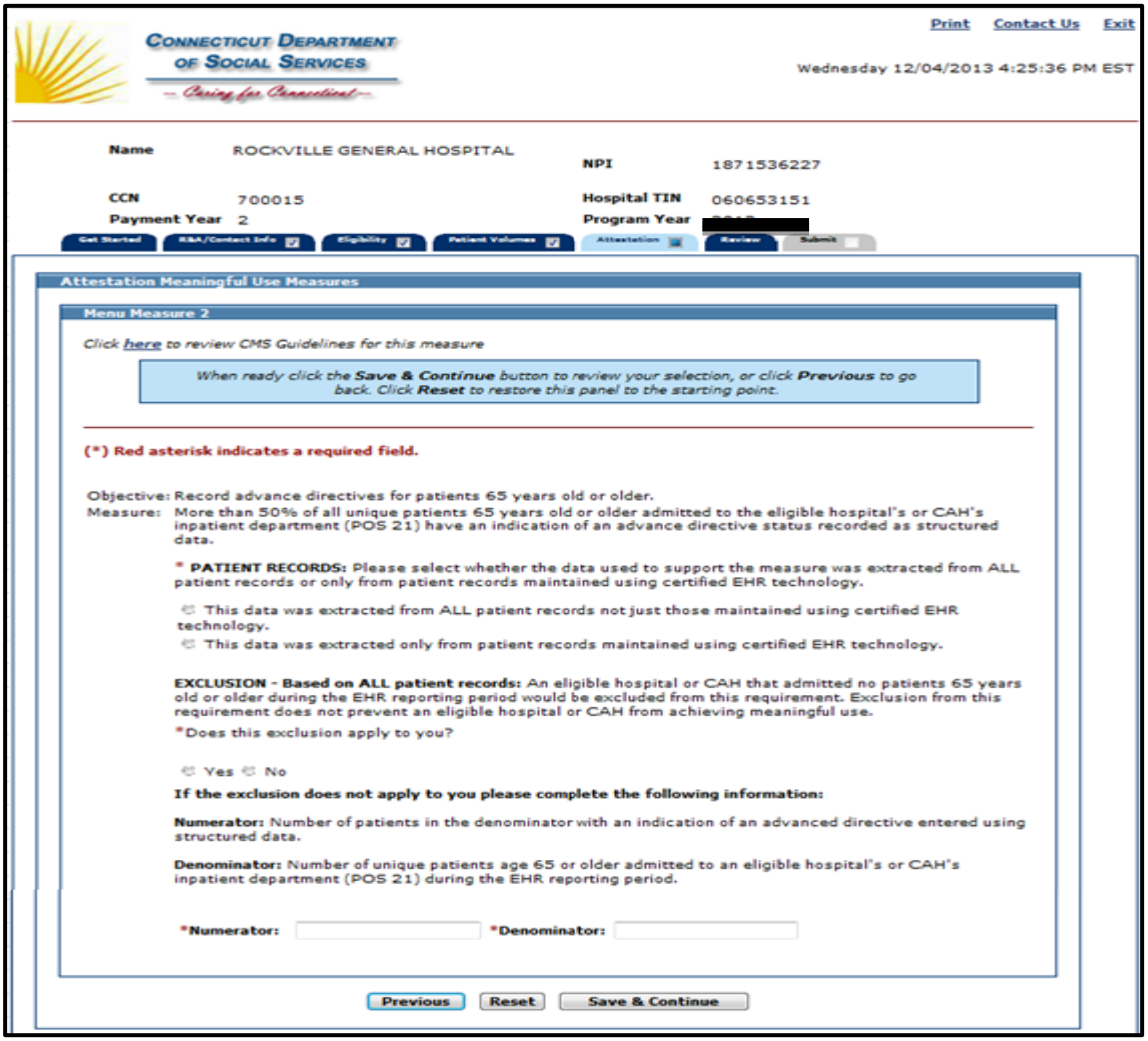
**Menu Measures 2**

To view more details about this measure, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Wednesday 12/04/2013 4:25:36 PM EST
Name
ROCKVILLE GENERAL HOSPITAL
NPI
1871536227
CCN
700015
Hospital TIN
060653151
Payment Year
2
Program Year
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Menu Measure 2
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Record advance directives for patients 65 years old or older.
Measure: More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.
* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
This data was extracted from ALL patient records not just those maintained using certified EHR technology.
This data was extracted only from patient records maintained using certified EHR technology.
EXCLUSION - Based on ALL patient records: An eligible hospital or CAH that admitted no patients 65 years old or older during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.
*Does this exclusion apply to you?
Yes
No
If the exclusion does not apply to you please complete the following information:
Numerator: Number of patients in the denominator with an indication of an advanced directive entered using structured data.
Denominator: Number of unique patients age 65 or older admitted to an eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period.
*Numerator:
*Denominator:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Menu Measures

#### Screen 3

The following Meaningful Use Menu Measures use this screen layout:

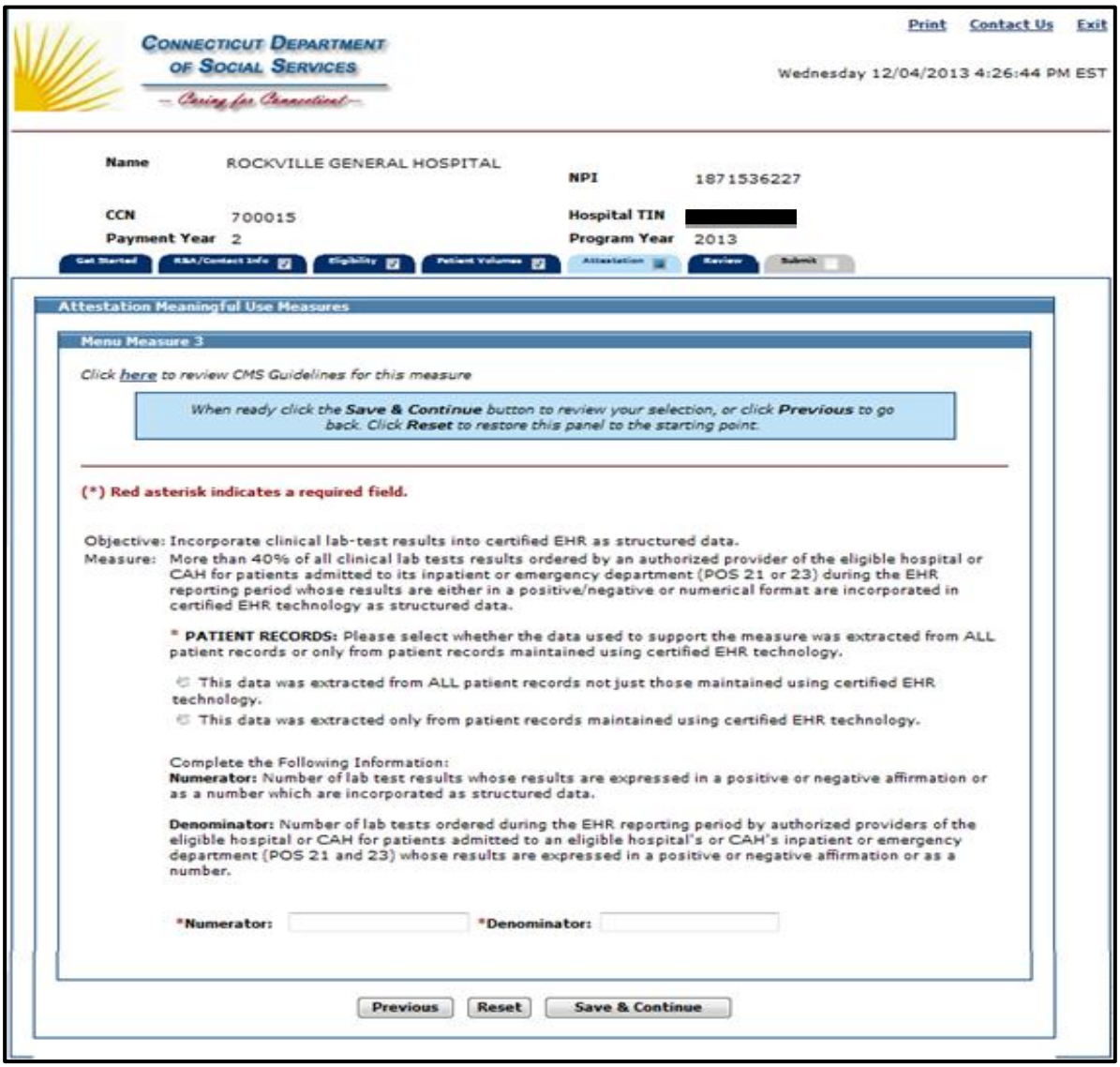
**Menu Measures 3, 6, and 7**

To view more details about any of these measures, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.


Print
Contact Us
Exit
Connecticut Department of Social Services
Caring for Connecticut
Wednesday 12/04/2013 4:26:44 PM EST
Name ROCKVILLE GENERAL HOSPITAL
NPI 1871536227
CCN 700015
Hospital TIN [redacted]
Payment Year 2
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Menu Measure 3
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Incorporate clinical lab-test results into certified EHR as structured data.
Measure: More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
This data was extracted from ALL patient records not just those maintained using certified EHR technology.
This data was extracted only from patient records maintained using certified EHR technology.
Complete the Following Information:
Numerator: Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.
Denominator: Number of lab tests ordered during the EHR reporting period by authorized providers of the eligible hospital or CAH for patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 and 23) whose results are expressed in a positive or negative affirmation or as a number.
*Numerator:
*Denominator:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Menu Measures

#### Screen 4

The following Meaningful Use Menu Measures use this screen layout:

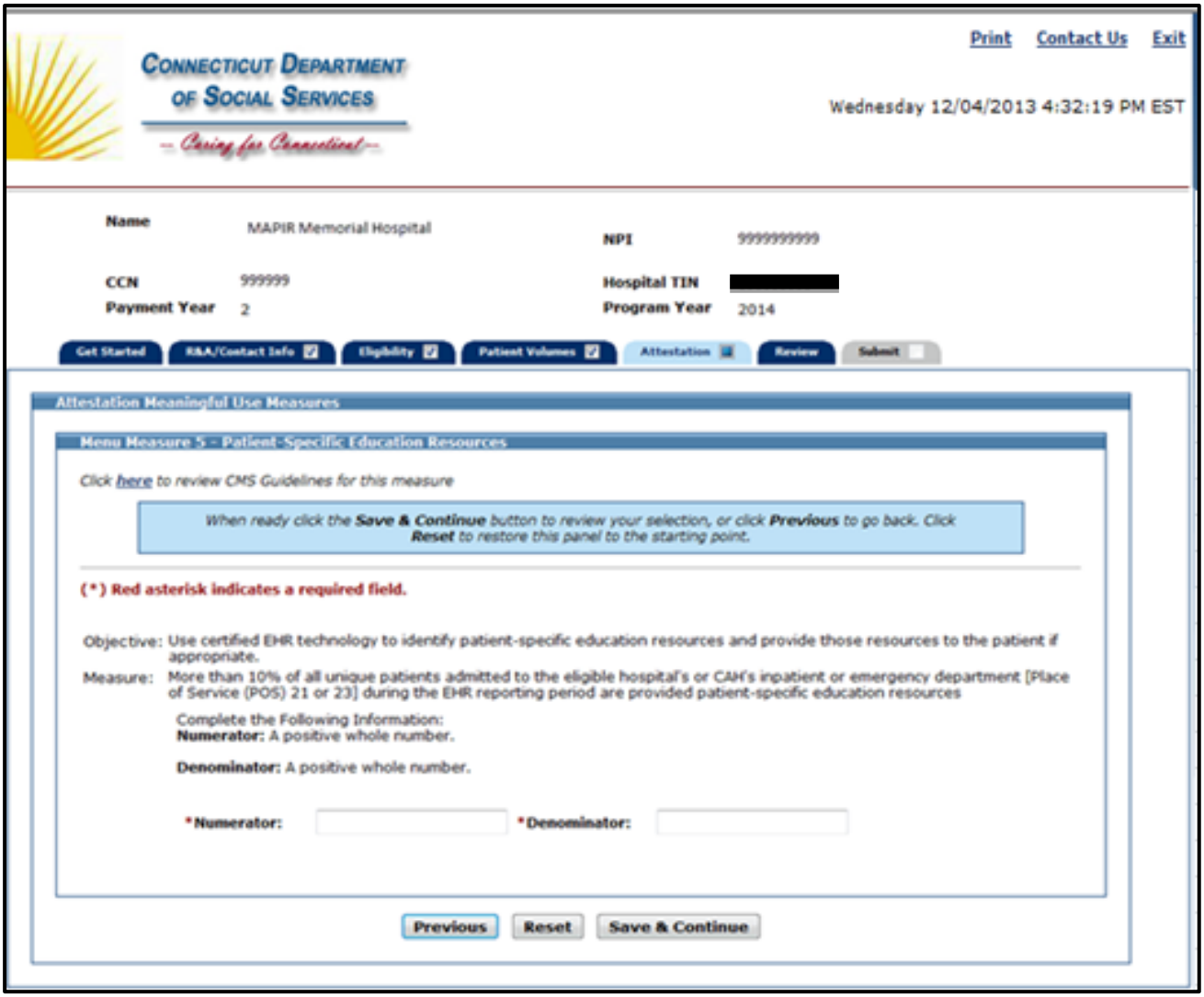
**Menu Measure 5**

To view more details about this measure, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.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Contact Us
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Connecticut Department of Social Services
Caring for Connecticut
Wednesday 12/04/2013 4:32:19 PM EST
Name
MAPIR Memorial Hospital
NPI
9999999999
CCN
999999
Hospital TIN
Payment Year
2
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Menu Measure 5 - Patient-Specific Education Resources
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.
Measure: More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources
Complete the Following Information:
Numerator: A positive whole number.
Denominator: A positive whole number.
*Numerator:
*Denominator:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Menu Measures

#### Screen 5

The following Meaningful Use Menu Measures use this screen layout:

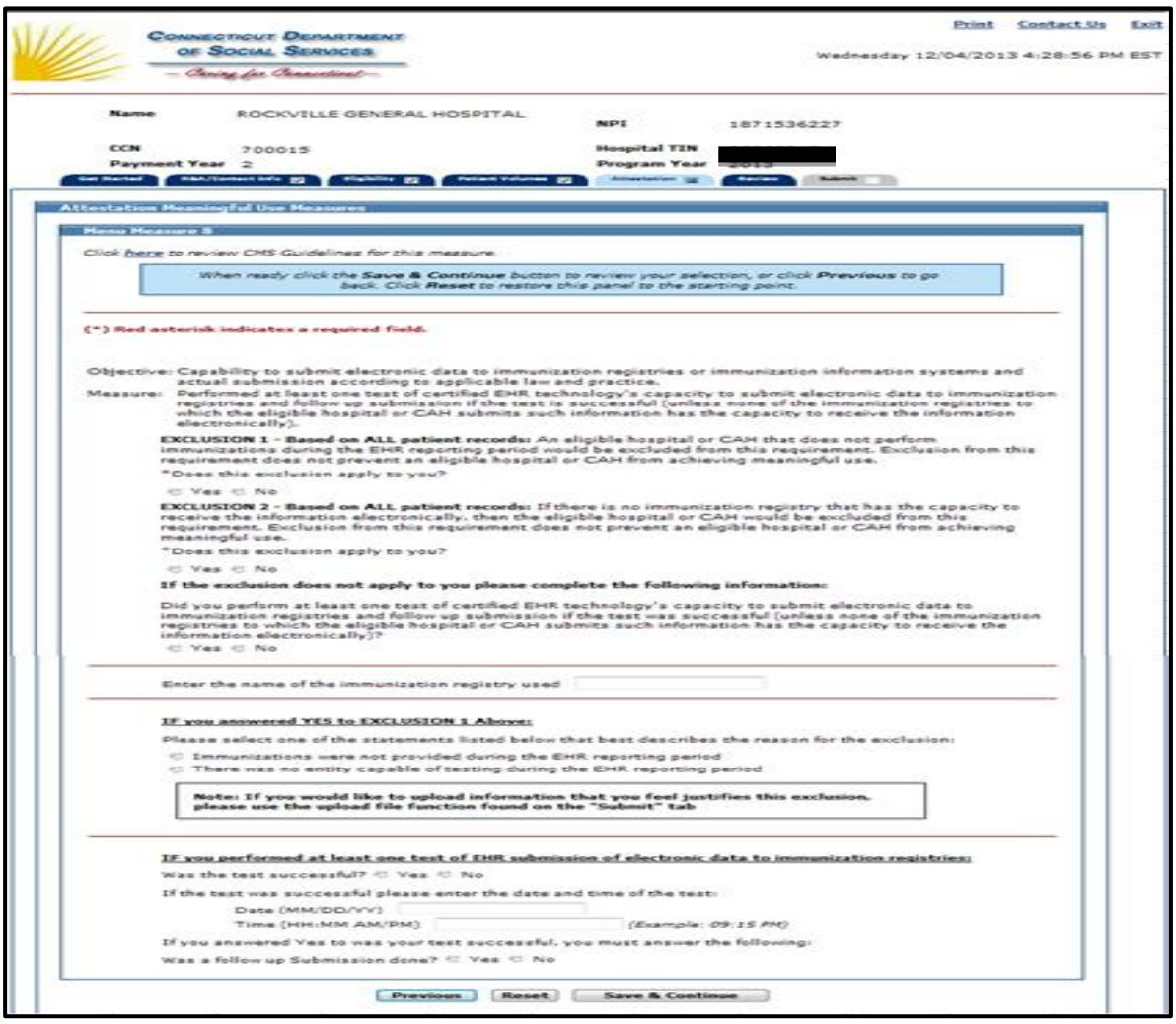
**Menu Measures 8, 9, and 10**

To view more details about any of these measures, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.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Wednesday 12/04/2013 4:28:56 PM EST
Name
ROCKVILLE GENERAL HOSPITAL
NPI
1871536227
CCN
700015
Hospital TIN
Payment Year
2
Program Year
Attestation Meaningful Use Measures
Menu Measure 3
Click here to review CMS Guidelines for this measure.
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.
Measure: Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).
EXCLUSION 1 - Based on ALL patient records: An eligible hospital or CAH that does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.
*Does this exclusion apply to you?
Yes
No
EXCLUSION 2 - Based on ALL patient records: If there is no immunization registry that has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.
*Does this exclusion apply to you?
Yes
No
If the exclusion does not apply to you please complete the following information:
Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test was successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically)?
Yes
No
Enter the name of the immunization registry used
IF you answered YES to EXCLUSION 1 Above:
Please select one of the statements listed below that best describes the reason for the exclusion:
Immunizations were not provided during the EHR reporting period
There was no entity capable of testing during the EHR reporting period
Note: If you would like to upload information that you feel justifies this exclusion, please use the upload file function found on the "Submit" tab
IF you performed at least one test of EHR submission of electronic data to immunization registries:
Was the test successful?
Yes
No
If the test was successful please enter the date and time of the test:
Date (MM/DD/YY)
Time (HH:MM AM/PM)
(Example: 09:15 PM)
If you answered Yes to was your test successful, you must answer the following:
Was a follow up Submission done?
Yes
No
Previous
Reset
Save & Continue

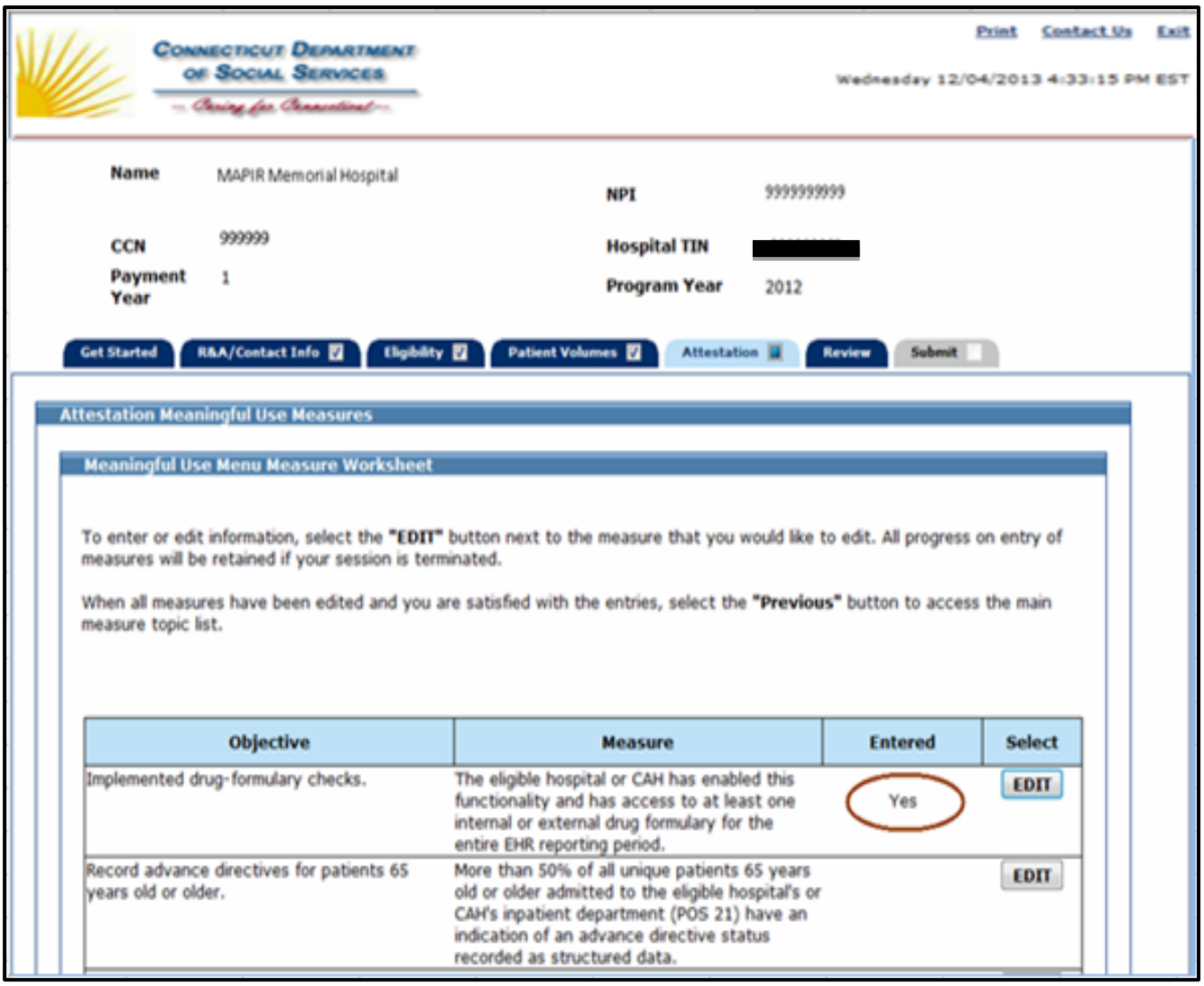
## *ATTESTATION (cont.)*

### Meaningful Use – Menu Measures

After you enter information for a measure and click the **Save & Continue**, you will return to the Meaningful Use Core Menu Measure Worksheet. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below (please note that the entire screen is not displayed in this example).

You can continue to edit the measures at any point prior to submitting the application.

Click on the **Edit** button for the next measure.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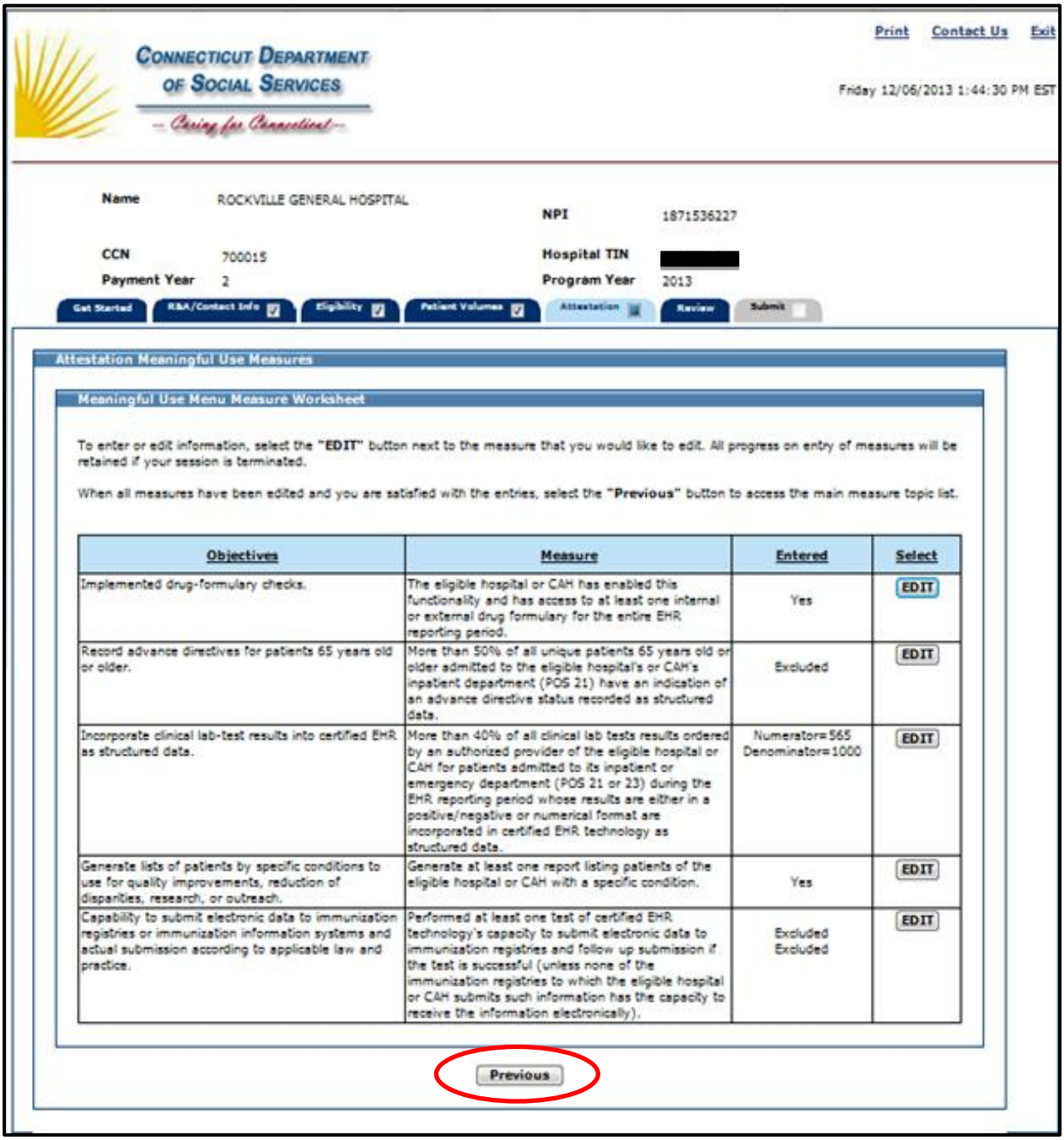
Contact Us
Exit
Wednesday 12/04/2013 4:33:15 PM EST
Name
MAPIR Memorial Hospital
NPI
999999999
CCN
999999
Hospital TIN
Payment Year
1
Program Year
2012
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Meaningful Use Menu Measure Worksheet
To enter or edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.
When all measures have been edited and you are satisfied with the entries, select the "Previous" button to access the main measure topic list.
Objective
Measure
Entered
Select
Implemented drug-formulary checks.
The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.
Yes
EDIT
Record advance directives for patients 65 years old or older.
More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.
EDIT

Once you attested to all the measures for this topic, click **Previous** to return to the Attestation Meaningful Use Measures screen.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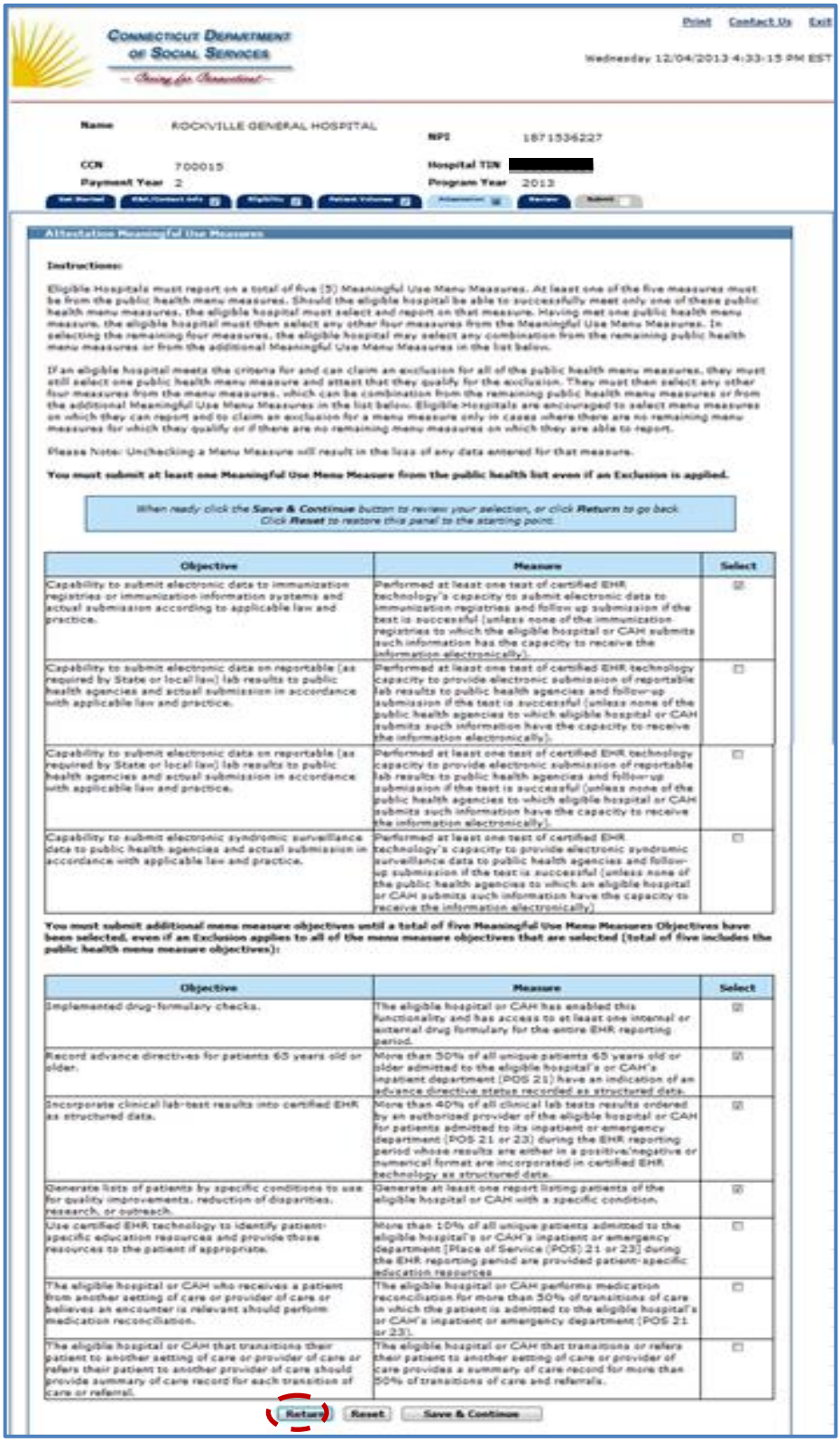
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Friday 12/06/2013 1:44:30 PM EST
Name ROCKVILLE GENERAL HOSPITAL
NPI 1871536227
CCN 700015
Hospital TIN [redacted]
Payment Year 2
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Meaningful Use Menu Measure Worksheet
To enter or edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.
When all measures have been edited and you are satisfied with the entries, select the "Previous" button to access the main measure topic list.
Objectives
Measure
Entered
Select
Implemented drug-formulary checks.
The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.
Yes
EDIT
Record advance directives for patients 65 years old or older.
More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.
Excluded
EDIT
Incorporate clinical lab-test results into certified EHR as structured data.
More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
Numerator=565
Denominator=1000
EDIT
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research, or outreach.
Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.
Yes
EDIT
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.
Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).
Excluded
Excluded
EDIT
Previous

Click **Return** to return to the Measure Topic List.


Connecticut Department of Social Services
Print
Contact Us
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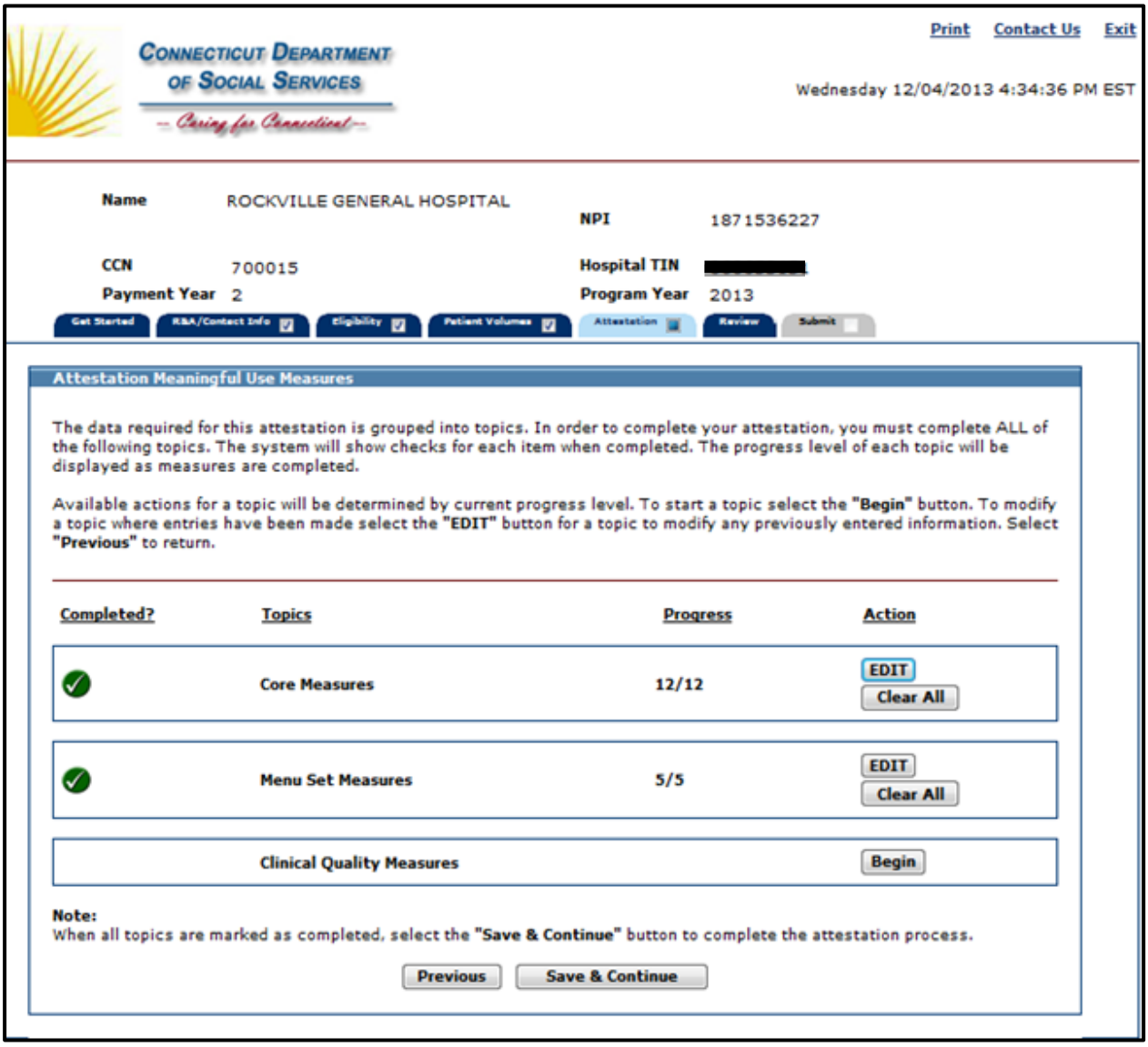
Wednesday 12/04/2013 4:33:15 PM EST
Name ROCKVILLE GENERAL HOSPITAL
NPI 1871536227
CCN 700015
Hospital TIN [redacted]
Payment Year 2
Program Year 2013
Attestation Meaningful Use Measures
Instructions:
Eligible Hospitals must report on a total of five (5) Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures. Should the eligible hospital be able to successfully meet only one of these public health menu measures, the eligible hospital must select and report on that measure. Having met one public health menu measure, the eligible hospital must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the eligible hospital may select any combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below.
If an eligible hospital meets the criteria for and can claim an exclusion for all of the public health menu measures, they must still select one public health menu measure and attest that they qualify for the exclusion. They must then select any other four measures from the menu measures, which can be combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below. Eligible Hospitals are encouraged to select menu measures on which they can report and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures on which they are able to report.
Please Note: Unchecking a Menu Measure will result in the loss of any data entered for that measure.
You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied.
When ready click the Save & Continue button to review your selection, or click Return to go back.
Click Reset to restore this panel to the starting point.
Objective
Measure
Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.
Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.
Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.
Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.
Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).
You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measures Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):
Objective
Measure
Select
Implemented drug-formulary checks.
The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.
Record advance directives for patients 65 years old or older.
More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.
Incorporate clinical lab-test results into certified EHR as structured data.
More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, research, or outreach.
Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.
More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (Place of Service (POS) 21 or 23) during the EHR reporting period are provided patient-specific education resources
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.
The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.
The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.
Return
Reset
Save & Continue

If all measures were entered and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.


Print
Contact Us
Exit
Connecticut Department of Social Services
Caring for Connecticut
Wednesday 12/04/2013 4:34:36 PM EST
Name ROCKVILLE GENERAL HOSPITAL
NPI 1871536227
CCN 700015
Hospital TIN [redacted]
Payment Year 2
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures are completed.
Available actions for a topic will be determined by current progress level. To start a topic select the "Begin" button. To modify a topic where entries have been made select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.
Completed?
Topics
Progress
Action
Core Measures
12/12
EDIT
Clear All
Menu Set Measures
5/5
EDIT
Clear All
Clinical Quality Measures
Begin
Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.
Previous
Save & Continue

## Meaningful Use Measures Summary for Stage 1

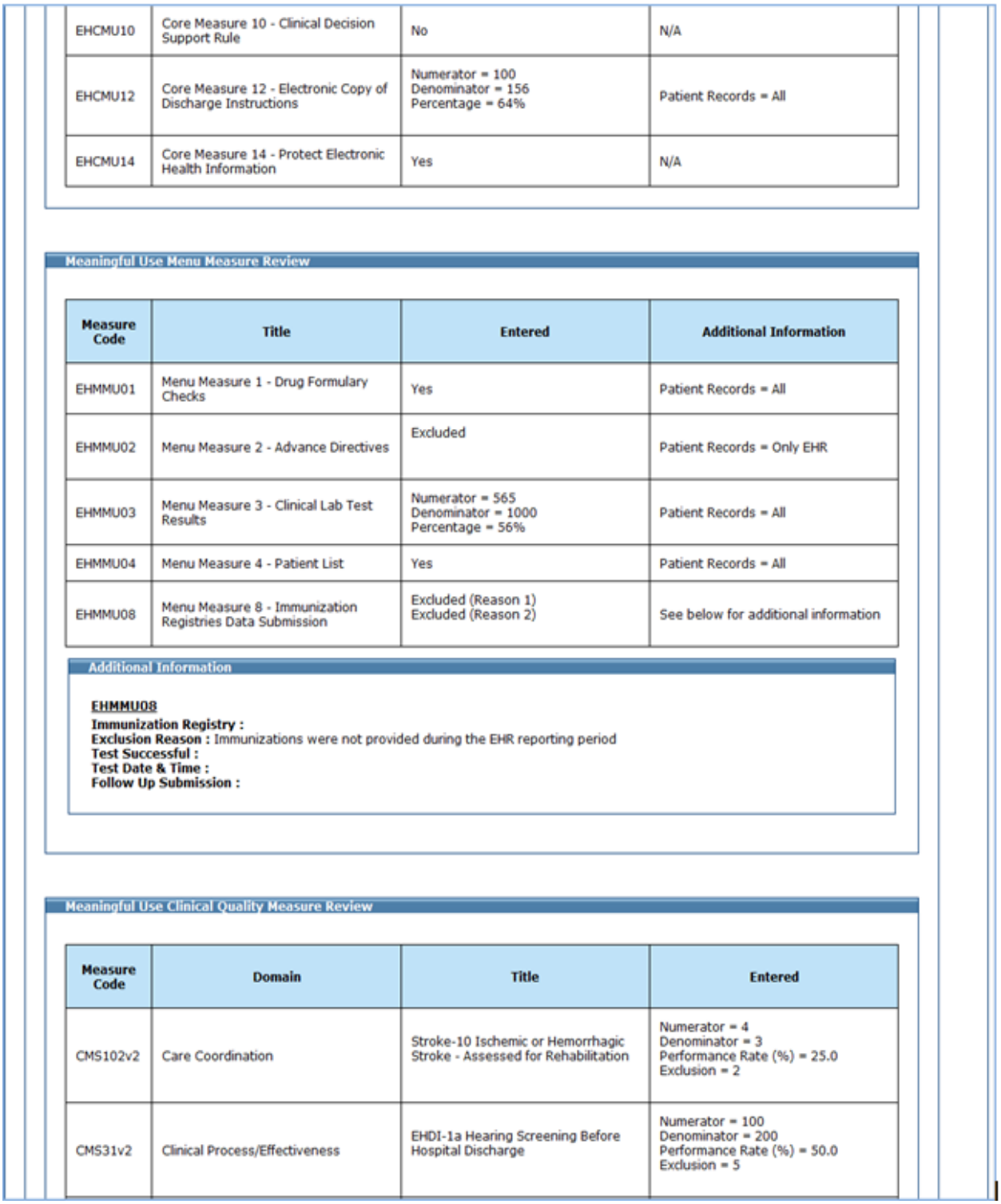
This screen displays a summary of all entered meaningful use attestation information.

Review the information for each measure. If further edits are necessary, click **Previous** to return to the Measures Topic List where you can choose a topic to edit.

If the information on the summary is correct, click **Save & Continue** to proceed to Part 3 of 3 of the Attestation Phase.

| Measure Code | Title | Entered | Additional Information |
|---|---|---|---|
| EHCMU01 | Core Measure 1 - CPOE for Medication Orders Optional | Numerator = 100<br>Denominator = 100<br>Percentage = 100% | Patient Records = All |
| EHCMU02 | Core Measure 2 - Drug Interaction Checks | Yes | N/A |
| EHCMU03 | Core Measure 3 - Maintain Problem List | Numerator = 150<br>Denominator = 200<br>Percentage = 75% | N/A |
| EHCMU04 | Core Measure 4 - Active Medication List | Numerator = 100<br>Denominator = 900<br>Percentage = 11% | N/A |
| EHCMU05 | Core Measure 5 - Medication Allergy List | Numerator = 155<br>Denominator = 167<br>Percentage = 92% | N/A |
| EHCMU06 | Core Measure 6 - Record Demographics | Numerator = 123456<br>Denominator = 234567<br>Percentage = 52% | N/A |
| EHCMU07 | Core Measure 7 - Record Vital Signs | Numerator = 567888<br>Denominator = 678888<br>Percentage = 83% | Patient Records = All |
| EHCMU08 | Core Measure 8 - Record Smoking Status | Excluded | N/A |

This is screen 2 of 4 of the Meaningful Use Measure Review.



| | | | |
|---|---|---|---|
| EHCMU10 | Core Measure 10 - Clinical Decision Support Rule | No | N/A |
| EHCMU12 | Core Measure 12 - Electronic Copy of Discharge Instructions | Numerator = 100<br>Denominator = 156<br>Percentage = 64% | Patient Records = All |
| EHCMU14 | Core Measure 14 - Protect Electronic Health Information | Yes | N/A |

**Meaningful Use Menu Measure Review**

| Measure Code | Title | Entered | Additional Information |
|---|---|---|---|
| EHMMU01 | Menu Measure 1 - Drug Formulary Checks | Yes | Patient Records = All |
| EHMMU02 | Menu Measure 2 - Advance Directives | Excluded | Patient Records = Only EHR |
| EHMMU03 | Menu Measure 3 - Clinical Lab Test Results | Numerator = 565<br>Denominator = 1000<br>Percentage = 56% | Patient Records = All |
| EHMMU04 | Menu Measure 4 - Patient List | Yes | Patient Records = All |
| EHMMU08 | Menu Measure 8 - Immunization Registries Data Submission | Excluded (Reason 1)<br>Excluded (Reason 2) | See below for additional information |

**Additional Information**

**EHMMU08**
**Immunization Registry :**
**Exclusion Reason :** Immunizations were not provided during the EHR reporting period
**Test Successful :**
**Test Date & Time :**
**Follow Up Submission :**

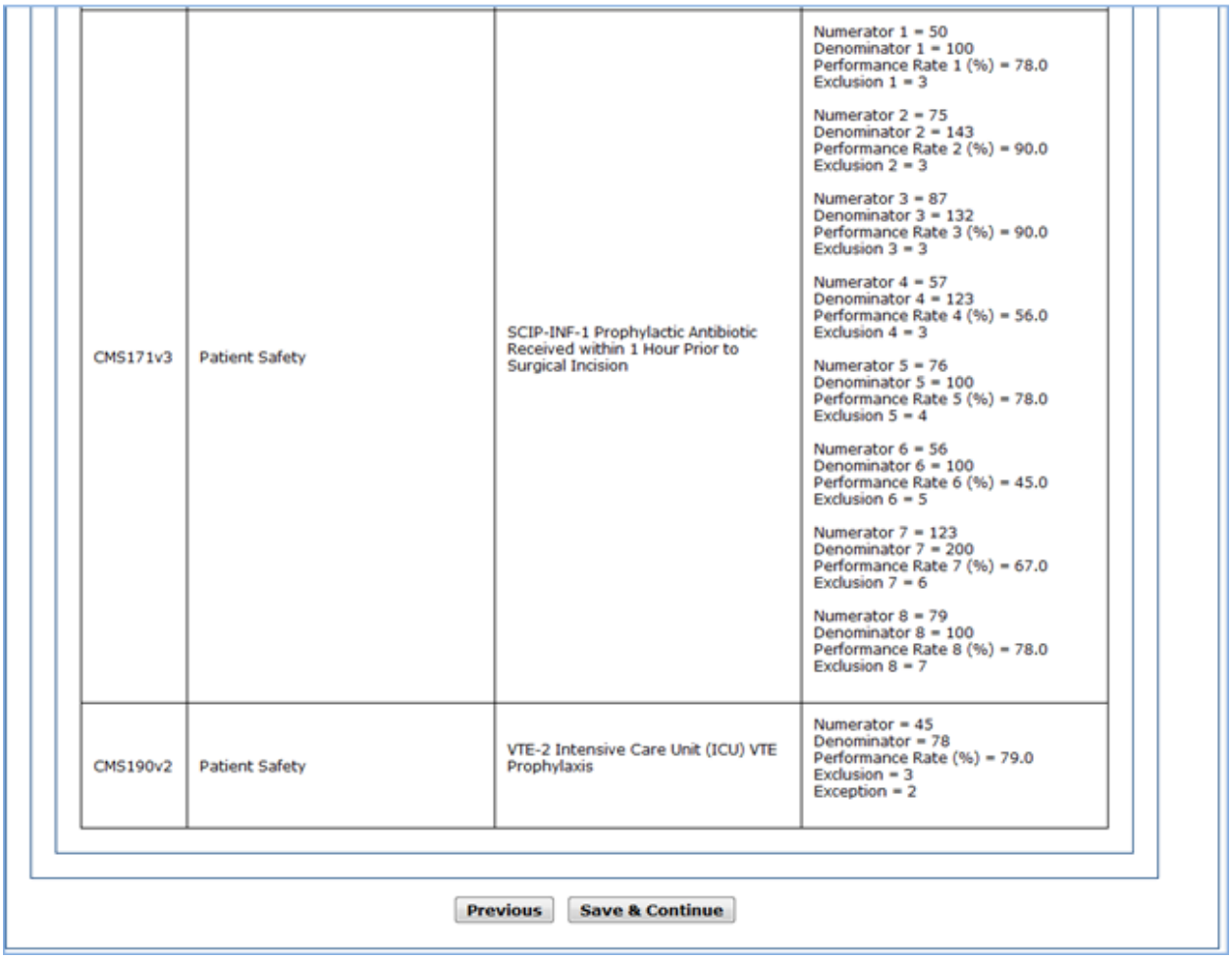
**Meaningful Use Clinical Quality Measure Review**

| Measure Code | Domain | Title | Entered |
|---|---|---|---|
| CMS102v2 | Care Coordination | Stroke-10 Ischemic or Hemorrhagic Stroke - Assessed for Rehabilitation | Numerator = 4<br>Denominator = 3<br>Performance Rate (%) = 25.0<br>Exclusion = 2 |
| CMS31v2 | Clinical Process/Effectiveness | EHDI-1a Hearing Screening Before Hospital Discharge | Numerator = 100<br>Denominator = 200<br>Performance Rate (%) = 50.0<br>Exclusion = 5 |

This is screen 3 of 4 of the Meaningful Use Measures Review.

| | | | |
|---|---|---|---|
| CMS53v2 | Clinical Process/Effectiveness | AMI-8a Primary PCI Received within 90 Minutes of Hospital Arrival | Numerator = 100<br>Denominator = 200<br>Performance Rate (%) = 50.0<br>Exclusion = 7 |
| CMS60v2 | Clinical Process/Effectiveness | AMI-7a Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival | Numerator = 120<br>Denominator = 130<br>Performance Rate (%) = 45.0<br>Exclusion = 9 |
| CMS71v1 | Clinical Process/Effectiveness | Stroke-3 Ischemic Stroke - Anticoagulation Therapy for Atrial Fibrillation/Flutter | Numerator = 50<br>Denominator = 100<br>Performance Rate (%) = 56.0<br>Exclusion = 3<br>Exception = 5 |
| CMS72v2 | Clinical Process/Effectiveness | Stroke-5 Ischemic Stroke - Antithrombotic Therapy by End of Hospital Day Two | Numerator = 28<br>Denominator = 45<br>Performance Rate (%) = 56.0<br>Exclusion = 7<br>Exception = 8 |
| CMS73v2 | Clinical Process/Effectiveness | VTE-3 VTE Patients with Anticoagulation Overlap Therapy | Numerator = 230<br>Denominator = 450<br>Performance Rate (%) = 35.0<br>Exclusion = 9 |
| CMS91v3 | Clinical Process/Effectiveness | Stroke-4 Ischemic Stroke - Thrombolytic Therapy | Numerator = 90<br>Denominator = 100<br>Performance Rate (%) = 79.0<br>Exclusion = 4 |
| CMS104v1 | Clinical Process/Effectiveness | Stroke-2 Ischemic Stroke - Discharged on Antithrombotic Therapy | Numerator = 240<br>Denominator = 500<br>Performance Rate (%) = 89.0<br>Exclusion = 5<br>Exception = 8 |
| CMS105v2 | Clinical Process/Effectiveness | Stroke-6 Ischemic Stroke - Discharged on Statin Medication | Numerator = 30<br>Denominator = 60<br>Performance Rate (%) = 90.0<br>Exclusion = 5<br>Exception = 1 |
| CMS109v2 | Clinical Process/Effectiveness | VTE-4 VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram) | Numerator = 79<br>Denominator = 100<br>Performance Rate (%) = 87.0<br>Exclusion = 3 |
| CMS113v2 | Clinical Process/Effectiveness | PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation | Numerator = 90<br>Denominator = 150<br>Performance Rate (%) = 78.0<br>Exclusion = 6 |
| CMS55v1 | Patient and Family Engagement | Emergency Department (ED)-1 Emergency Department Throughput - Median Time from ED Arrival to ED Departure for Admitted ED Patients | Numerator 1 = 12<br>Denominator 1 = 28<br><br>Numerator 2 = 34<br>Denominator 2 = 67<br><br>Numerator 3 = 43<br>Denominator 3 = 89 |
| CMS114v1 | Patient Safety | VTE-6 Incidence of Potentially Preventable VTE | Numerator = 45<br>Denominator = 98<br>Performance Rate (%) = 85.0<br>Exclusion = 4 |

This is screen 4 of 4 of the Meaningful Use Measures Review.



| | | | |
|---|---|---|---|
| CMS171v3 | Patient Safety | SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision | Numerator 1 = 50<br>Denominator 1 = 100<br>Performance Rate 1 (%) = 78.0<br>Exclusion 1 = 3<br><br>Numerator 2 = 75<br>Denominator 2 = 143<br>Performance Rate 2 (%) = 90.0<br>Exclusion 2 = 3<br><br>Numerator 3 = 87<br>Denominator 3 = 132<br>Performance Rate 3 (%) = 90.0<br>Exclusion 3 = 3<br><br>Numerator 4 = 57<br>Denominator 4 = 123<br>Performance Rate 4 (%) = 56.0<br>Exclusion 4 = 3<br><br>Numerator 5 = 76<br>Denominator 5 = 100<br>Performance Rate 5 (%) = 78.0<br>Exclusion 5 = 4<br><br>Numerator 6 = 56<br>Denominator 6 = 100<br>Performance Rate 6 (%) = 45.0<br>Exclusion 6 = 5<br><br>Numerator 7 = 123<br>Denominator 7 = 200<br>Performance Rate 7 (%) = 67.0<br>Exclusion 7 = 6<br><br>Numerator 8 = 79<br>Denominator 8 = 100<br>Performance Rate 8 (%) = 78.0<br>Exclusion 8 = 7 |
| CMS190v2 | Patient Safety | VTE-2 Intensive Care Unit (ICU) VTE Prophylaxis | Numerator = 45<br>Denominator = 78<br>Performance Rate (%) = 79.0<br>Exclusion = 3<br>Exception = 2 |



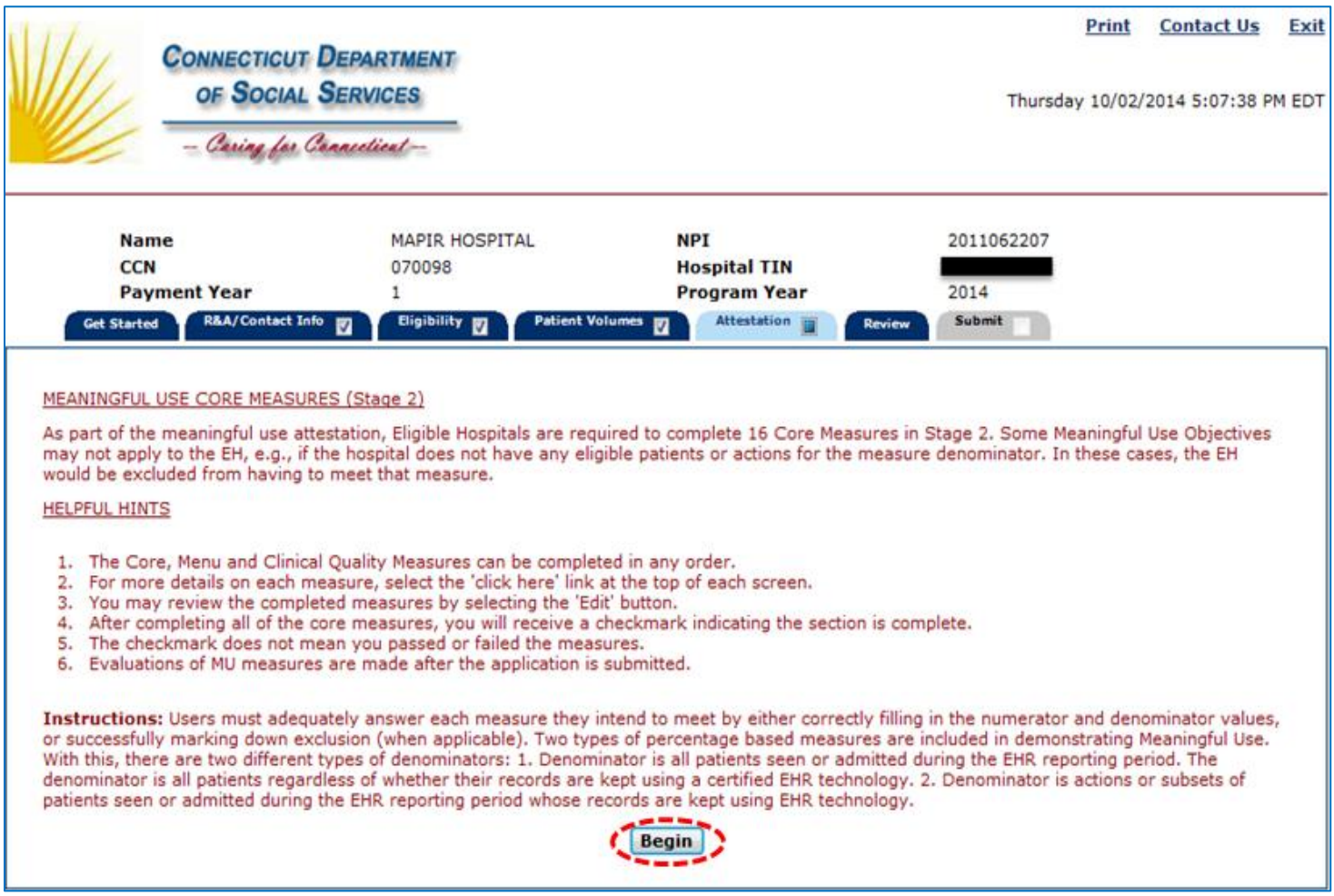
***Proceed to the Attestation Phase (Part 3 of 3) on page 157.***

## ***Stage 2***

### Meaningful Use Core Measures

This screen provides information about the Meaningful Use Core Measures for Stage 2.

Click **Begin** to continue to the Meaningful Use Core Measure List Table.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CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Thursday 10/02/2014 5:07:38 PM EDT
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MEANINGFUL USE CORE MEASURES (Stage 2)
As part of the meaningful use attestation, Eligible Hospitals are required to complete 16 Core Measures in Stage 2. Some Meaningful Use Objectives may not apply to the EH, e.g., if the hospital does not have any eligible patients or actions for the measure denominator. In these cases, the EH would be excluded from having to meet that measure.
HELPFUL HINTS
1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. For more details on each measure, select the 'click here' link at the top of each screen.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing all of the core measures, you will receive a checkmark indicating the section is complete.
5. The checkmark does not mean you passed or failed the measures.
6. Evaluations of MU measures are made after the application is submitted.
Instructions: Users must adequately answer each measure they intend to meet by either correctly filling in the numerator and denominator values, or successfully marking down exclusion (when applicable). Two types of percentage based measures are included in demonstrating Meaningful Use. With this, there are two different types of denominators: 1. Denominator is all patients seen or admitted during the EHR reporting period. The denominator is all patients regardless of whether their records are kept using a certified EHR technology. 2. Denominator is actions or subsets of patients seen or admitted during the EHR reporting period whose records are kept using EHR technology.
Begin

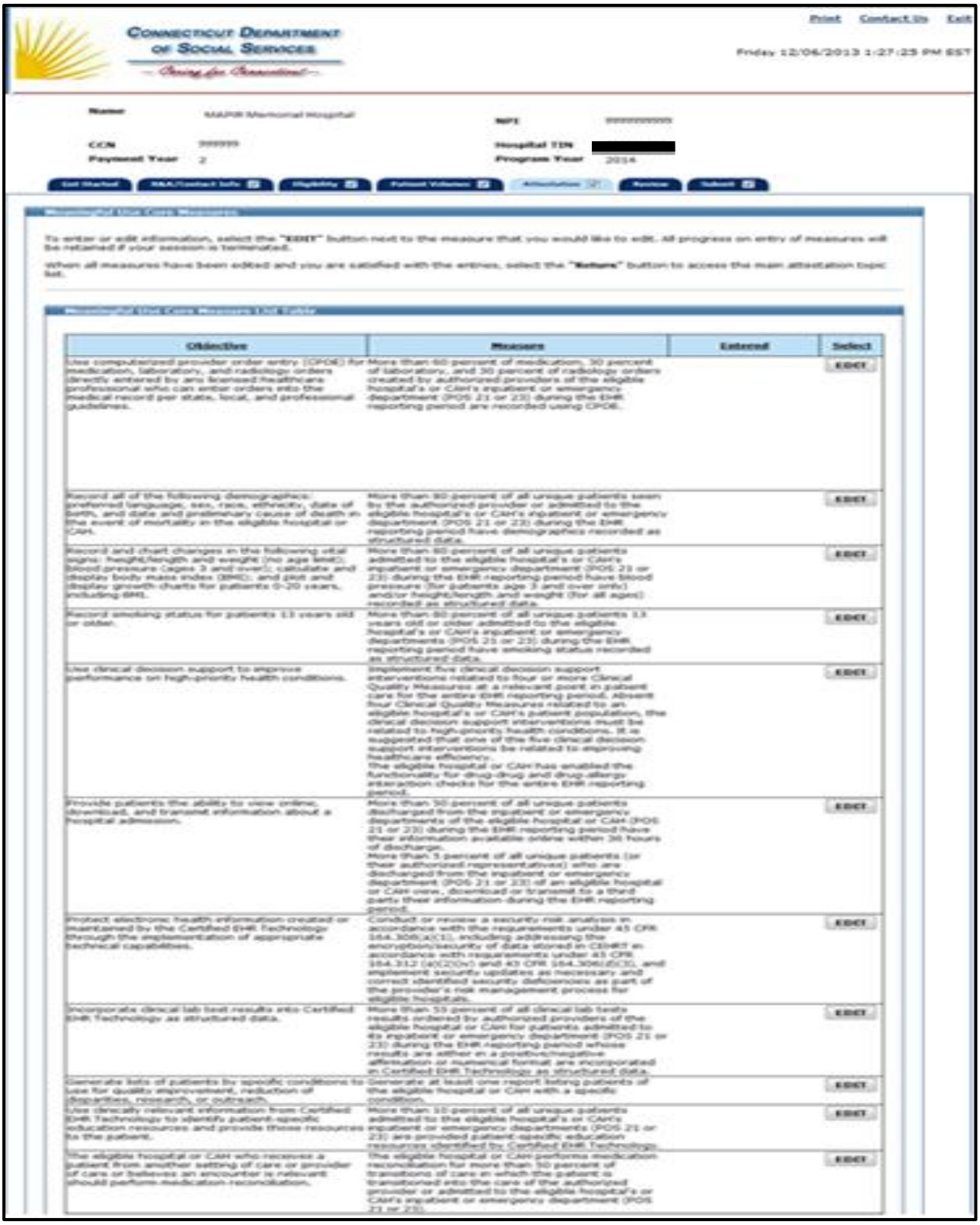
The screens on the following two pages display the Meaningful Use Core Measure List Table.

The first time a topic is accessed you will see an **Edit** option for each measure.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for a measure or click **Return** to return to the Measures Topic List.

This is screen 1 of 2 of the Meaningful Use Core Measure List Table.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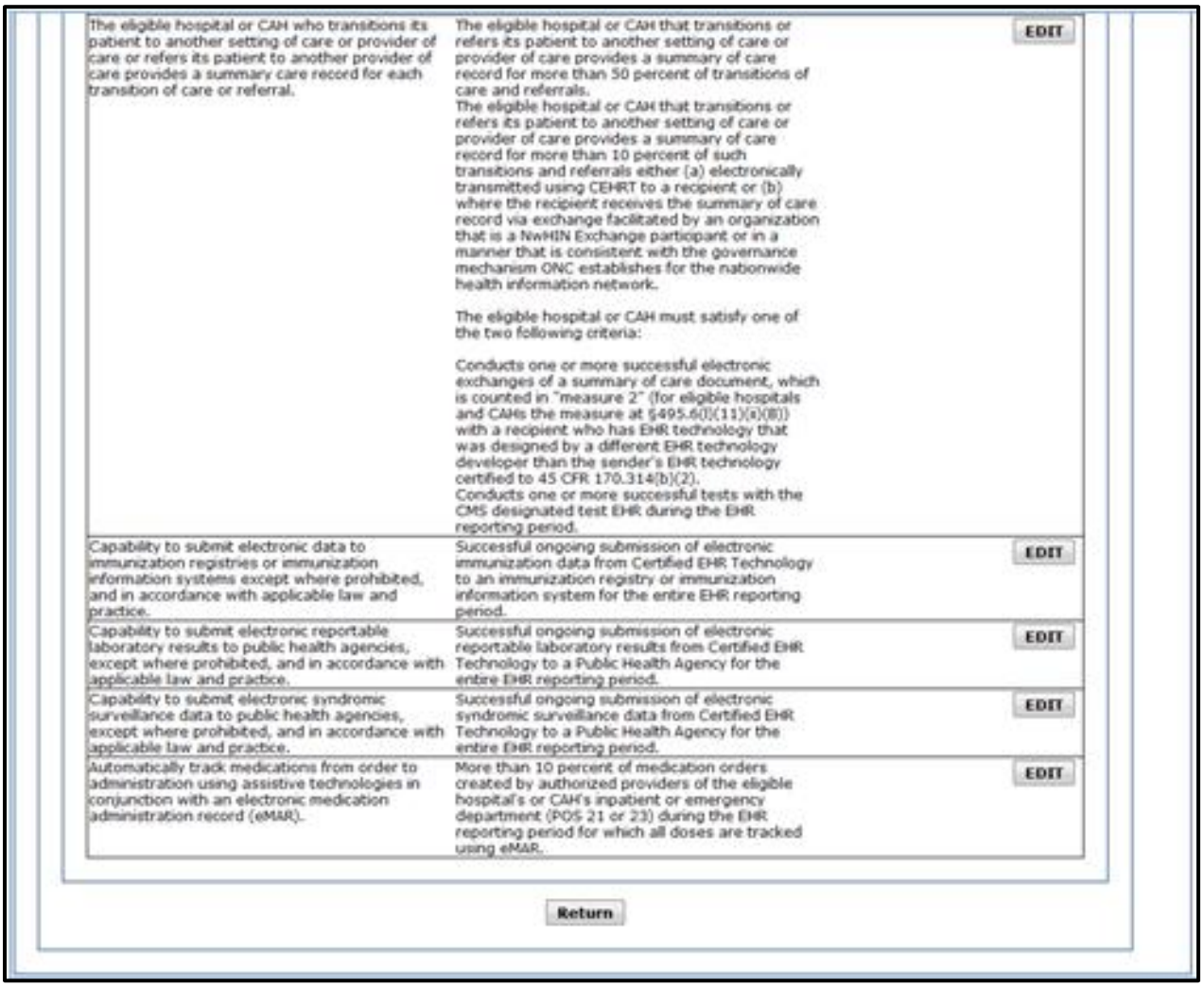
To enter or edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.
When all measures have been edited and you are satisfied with the entries, select the "Return" button to access the main attestation topic list.
Objective
Measure
Entered
Select
EDIT

This is screen 2 of 2 of the Meaningful Use Core Measure List Table.



| | | |
|---|---|---|
| The eligible hospital or CAH who transitions its patient to another setting of care or provider of care or refers its patient to another provider of care provides a summary care record for each transition of care or referral. | The eligible hospital or CAH that transitions or refers its patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.<br>The eligible hospital or CAH that transitions or refers its patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.<br><br>The eligible hospital or CAH must satisfy one of the two following criteria:<br><br>Conducts one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" (for eligible hospitals and CAHs the measure at §495.6(l)(11)(a)(8)) with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).<br>Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period. | EDIT |
| Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice. | Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period. | EDIT |
| Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice. | Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a Public Health Agency for the entire EHR reporting period. | EDIT |
| Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice. | Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a Public Health Agency for the entire EHR reporting period. | EDIT |
| Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR). | More than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR. | EDIT |

Return

The following is a list of the 16 Meaningful Use Core Measures that you must attest to.

Click on the Screen Example to see an example of the screen layout.

| **Meaningful Use Core Measure** | **Screen Example** |
|---|---|
| Core Measure 1 – CPOE for Medication, Laboratory and Radiology Orders | Screen 1 |
| Core Measure 2 – Record Demographics | Screen 2 |
| Core Measure 3 – Record Vital Signs | Screen 3 |
| Core Measure 4- Record Smoking Status | Screen 4 |
| Core Measure 5 – Clinical Decision Support Rule | Screen 5 |
| Core Measure 6 – Patient Electronic Access | Screen 6 |
| Core Measure 7 – Protect Electronic Health Information | Screen 7 |
| Core Measure 8 – Clinical Lab – Test Results | Screen 3 |
| Core Measure 9 – Patient Lists | Screen 7 |
| Core Measure 10 – Patient-Specific Education Resources | Screen 2 |
| Core Measure 11 – Medication Reconciliation | Screen 2 |
| Core Measure 12 – Summary of Care | Screen 8 |
| Core Measure 13 – Immunization Registries Data Submission | Screen 9 |
| Core Measure 14 – Electronic Reportable Laboratory Results | Screen 9 |
| Core Measure 15 – Syndromic Surveillance Data Submission | Screen 9 |
| Core Measure 16 – Electronic Medication Administration Records (eMAR) | Screen 4 |

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

There are 16 Meaningful Use Core Measure screens. As you proceed through the Meaningful Use Core Measure section of MAPIR, you will see nine different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Core Measure, **click on the link provided above the blue instruction box.**

Screen layout examples are shown below.

**Screen 1**

The following Meaningful Use Core Measure uses this screen layout:

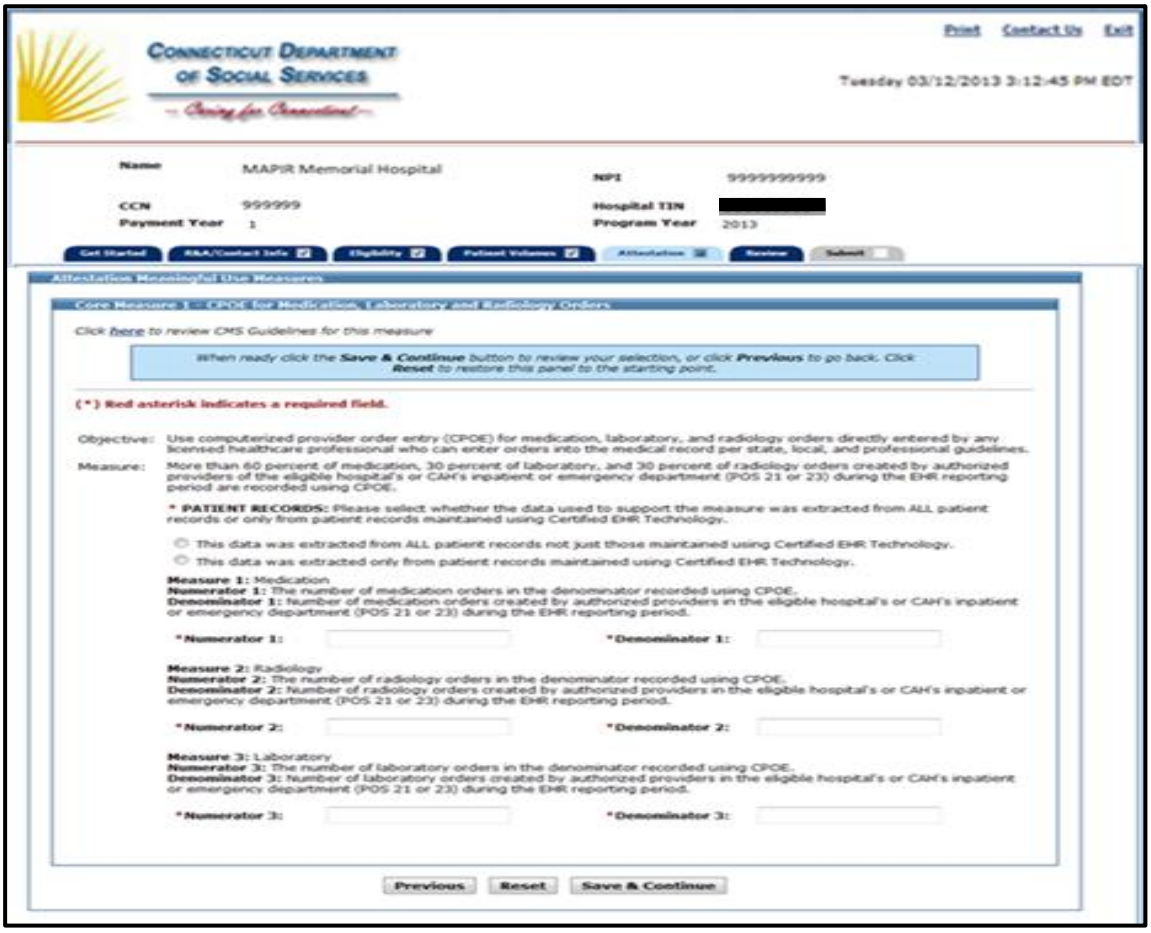
**Core Measure 1**

To view more details about this measure, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.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Attestation: Meaningful Use Measures
Core Measure 1 : CPOE for Medication, Laboratory and Radiology Orders
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective:
Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.
Measure:
More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.
* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.
This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
This data was extracted only from patient records maintained using Certified EHR Technology.
Measure 1: Medication
Numerator 1: The number of medication orders in the denominator recorded using CPOE.
Denominator 1: Number of medication orders created by authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
*Numerator 1:
*Denominator 1:
Measure 2: Radiology
Numerator 2: The number of radiology orders in the denominator recorded using CPOE.
Denominator 2: Number of radiology orders created by authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
*Numerator 2:
*Denominator 2:
Measure 3: Laboratory
Numerator 3: The number of laboratory orders in the denominator recorded using CPOE.
Denominator 3: Number of laboratory orders created by authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
*Numerator 3:
*Denominator 3:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

#### Screen 2

The following Meaningful Use Core Measures use this screen layout:

**Core Measures 2, 10, and 11**

To view more details about any of these measures, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.

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Attestation Meaningful Use Measures
Core Measure 2 - Record Demographics
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective:
Record all of the following demographics: preferred language, sex, race, ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.
Measure:
More than 80 percent of all unique patients seen by the authorized provider or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.
Numerator: The number of patients in the denominator who have all the elements of demographics (or a specific notation if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.
Denominator: Number of unique patients seen by authorized provider or admitted to an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
*Numerator:
*Denominator:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

#### Screen 3

The following Meaningful Use Core Measures use this screen layout:

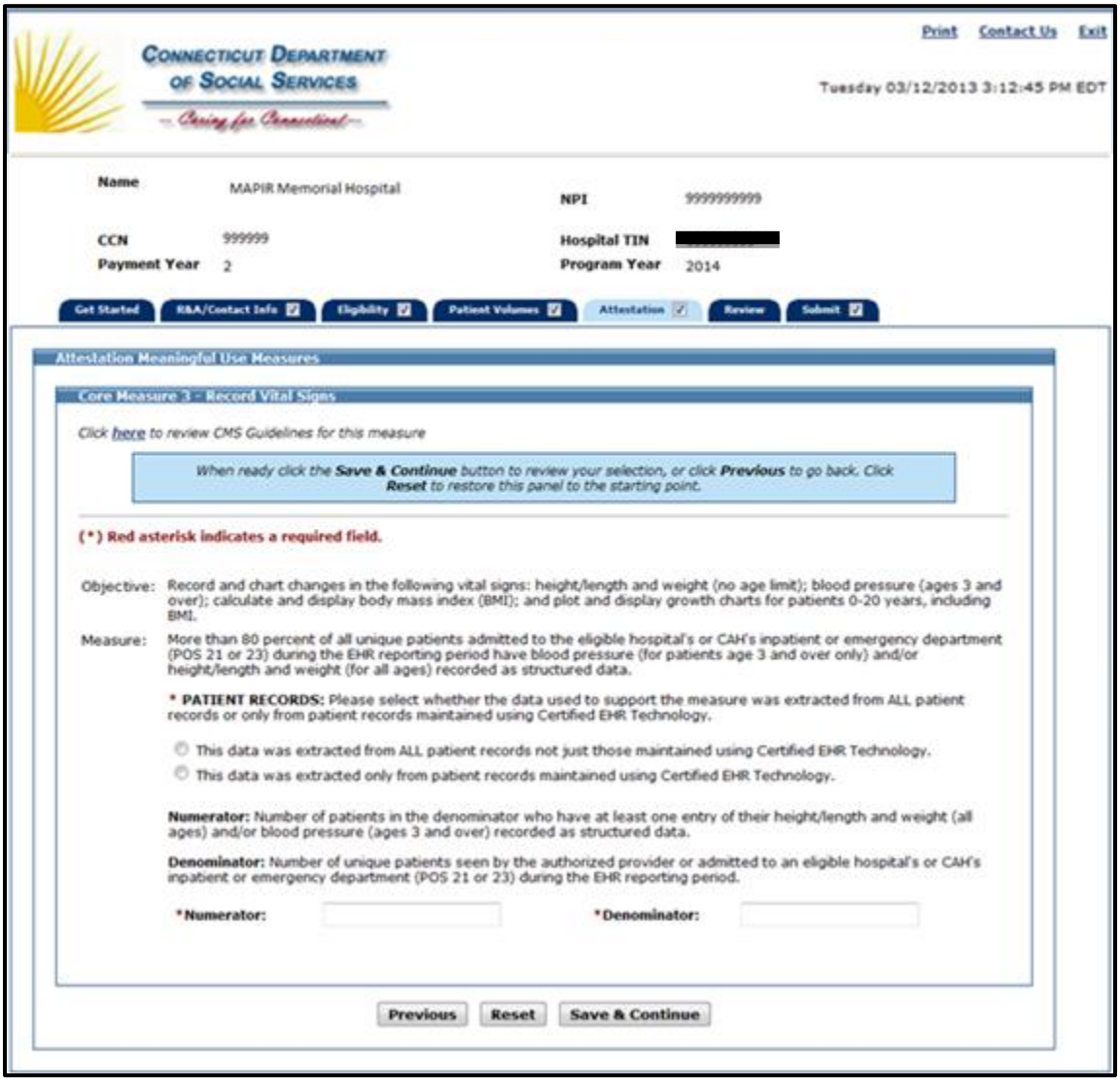
#### Core Measures 3, 4, and 8

To view more details about any of these measures, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.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Attestation Meaningful Use Measures
Core Measure 3 - Record Vital Signs
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective:
Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.
Measure:
More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and/or height/length and weight (for all ages) recorded as structured data.
* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.
This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
This data was extracted only from patient records maintained using Certified EHR Technology.
Numerator: Number of patients in the denominator who have at least one entry of their height/length and weight (all ages) and/or blood pressure (ages 3 and over) recorded as structured data.
Denominator: Number of unique patients seen by the authorized provider or admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
*Numerator:
*Denominator:
Previous
Reset
Save & Continue

## *ATTESTATION (cont.)*

### Meaningful Use – Core Measures

#### Screen 4

The following Meaningful Use Core Measures use this screen layout:

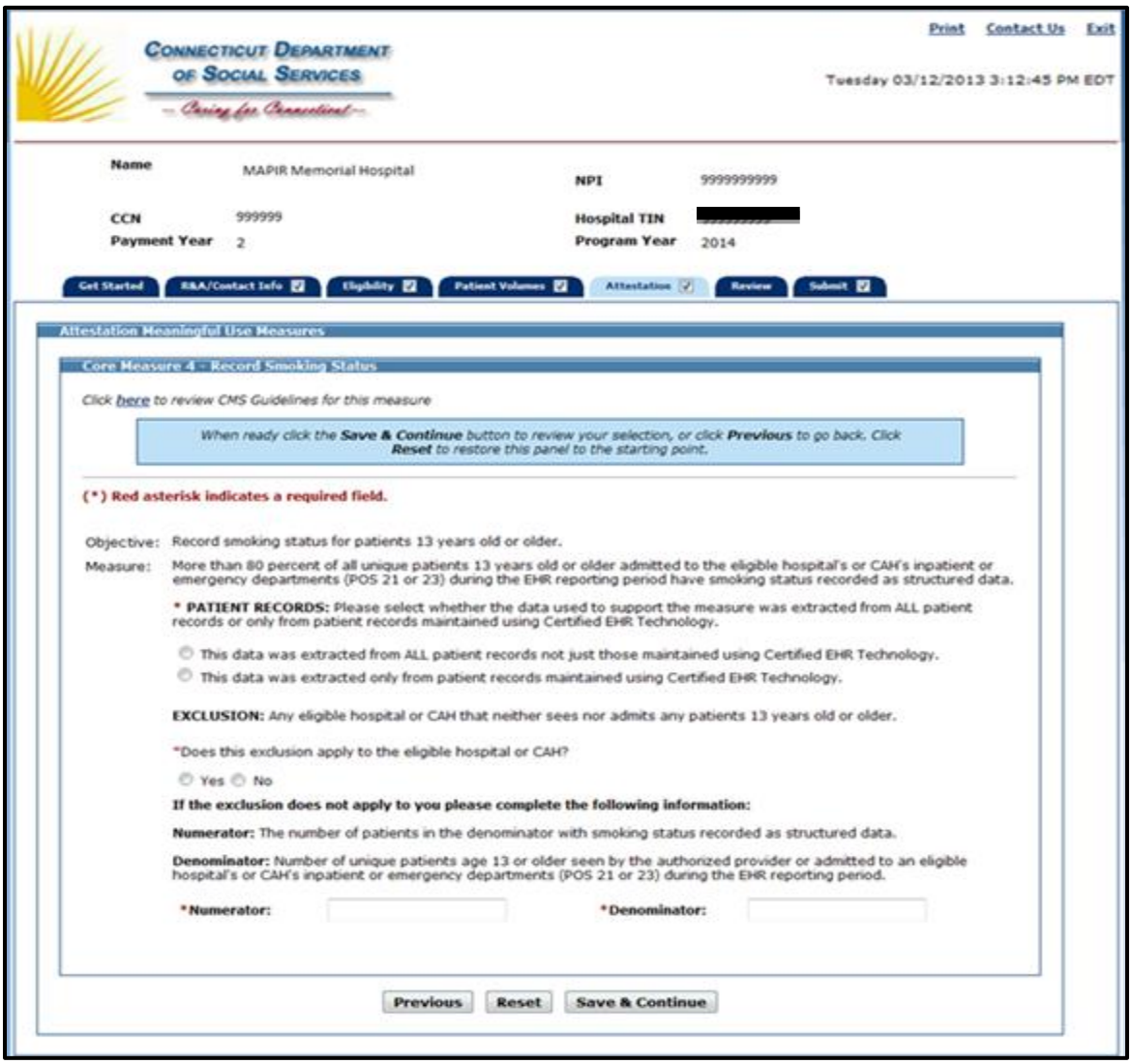
#### Core Measures 4 and 16

To view more details about any of these measures, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.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Attestation Meaningful Use Measures
Core Measure 4 - Record Smoking Status
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Record smoking status for patients 13 years old or older.
Measure: More than 80 percent of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period have smoking status recorded as structured data.
* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.
This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
This data was extracted only from patient records maintained using Certified EHR Technology.
EXCLUSION: Any eligible hospital or CAH that neither sees nor admits any patients 13 years old or older.
*Does this exclusion apply to the eligible hospital or CAH?
Yes
No
If the exclusion does not apply to you please complete the following information:
Numerator: The number of patients in the denominator with smoking status recorded as structured data.
Denominator: Number of unique patients age 13 or older seen by the authorized provider or admitted to an eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.
*Numerator:
*Denominator:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

Enter information in all required fields.

**Screen 5**

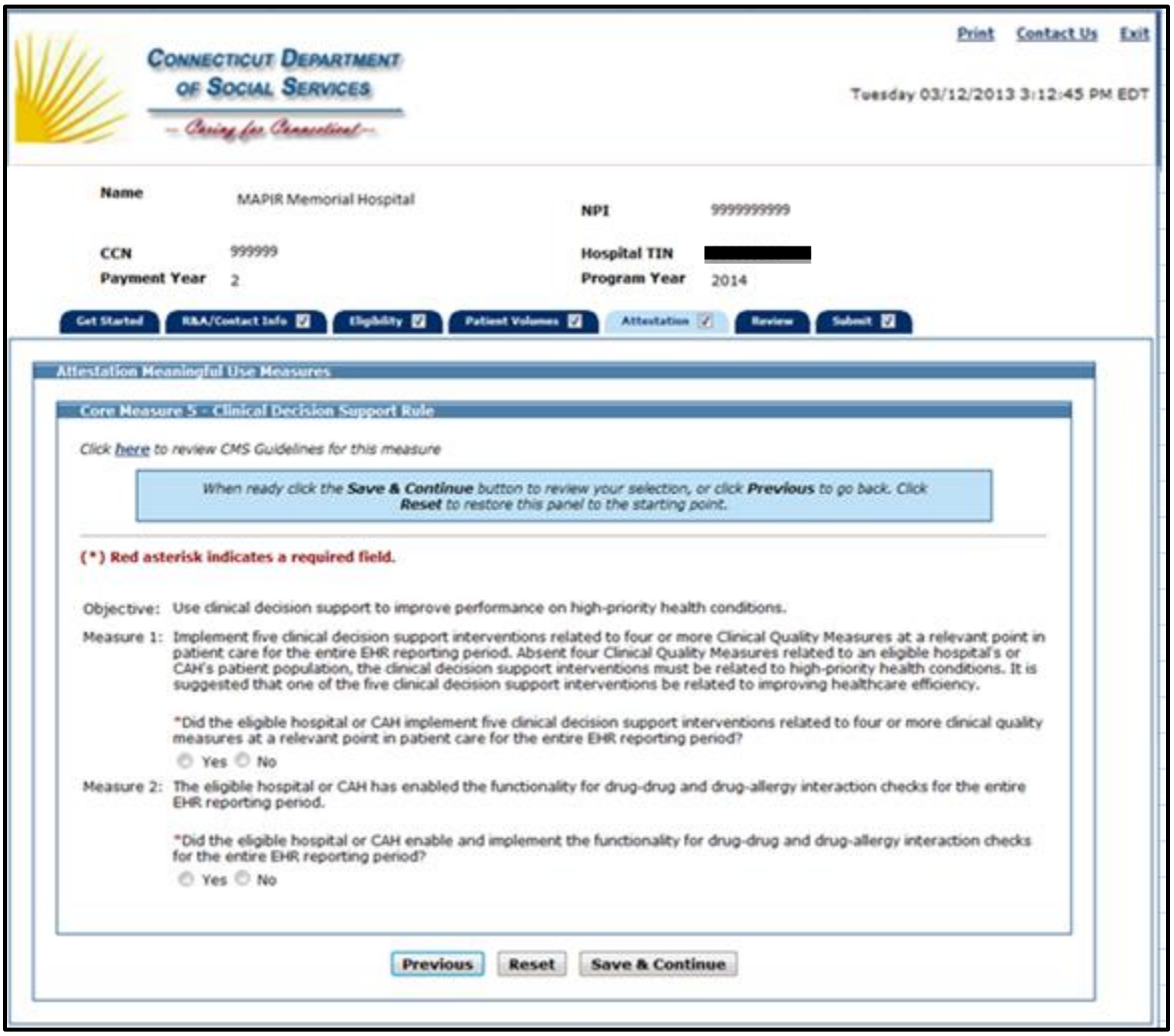
The following Meaningful Use Core Measures use this screen layout:

**Core Measure 5**

To view more details about this measure, click the *here* link located on the screen.

Please complete all required fields (*).

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.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Patient Volumes
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Attestation Meaningful Use Measures
Core Measure 5 - Clinical Decision Support Rule
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Use clinical decision support to improve performance on high-priority health conditions.
Measure 1: Implement five clinical decision support interventions related to four or more Clinical Quality Measures at a relevant point in patient care for the entire EHR reporting period. Absent four Clinical Quality Measures related to an eligible hospital's or CAH's patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency.
*Did the eligible hospital or CAH implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period?
Yes
No
Measure 2: The eligible hospital or CAH has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
*Did the eligible hospital or CAH enable and implement the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?
Yes
No
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measure

#### Screen 6

The following Meaningful Use Core Measures use this screen layout:

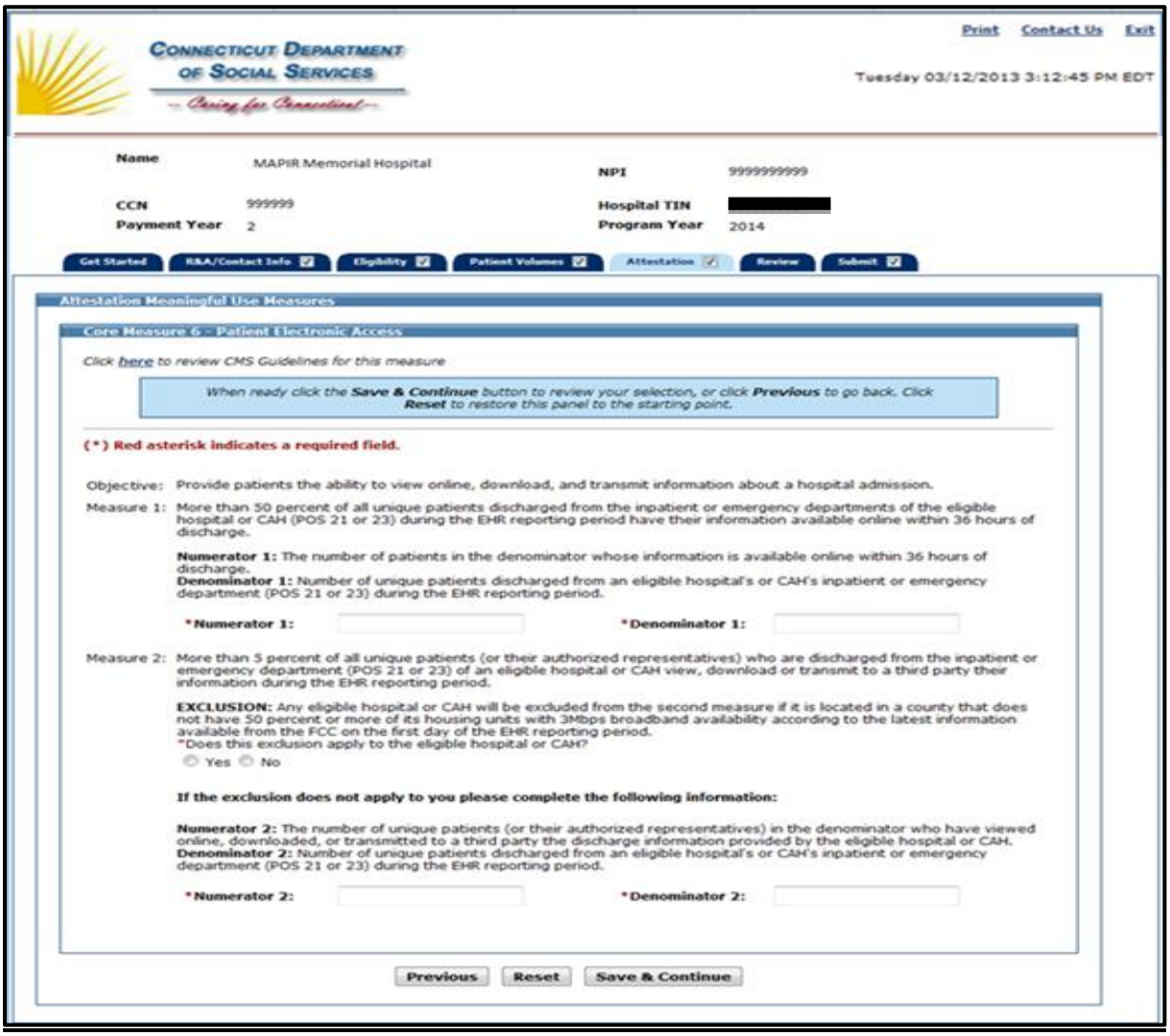
#### Core Measure 6

To view more details about this measure, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.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Attestation Meaningful Use Measures
Core Measure 6 - Patient Electronic Access
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Provide patients the ability to view online, download, and transmit information about a hospital admission.
Measure 1: More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online within 36 hours of discharge.
Numerator 1: The number of patients in the denominator whose information is available online within 36 hours of discharge.
Denominator 1: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
*Numerator 1:
*Denominator 1:
Measure 2: More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period.
EXCLUSION: Any eligible hospital or CAH will be excluded from the second measure if it is located in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.
*Does this exclusion apply to the eligible hospital or CAH?
Yes
No
If the exclusion does not apply to you please complete the following information:
Numerator 2: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the discharge information provided by the eligible hospital or CAH.
Denominator 2: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
*Numerator 2:
*Denominator 2:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

#### Screen 7

The following Meaningful Use Core Measures use this screen layout:

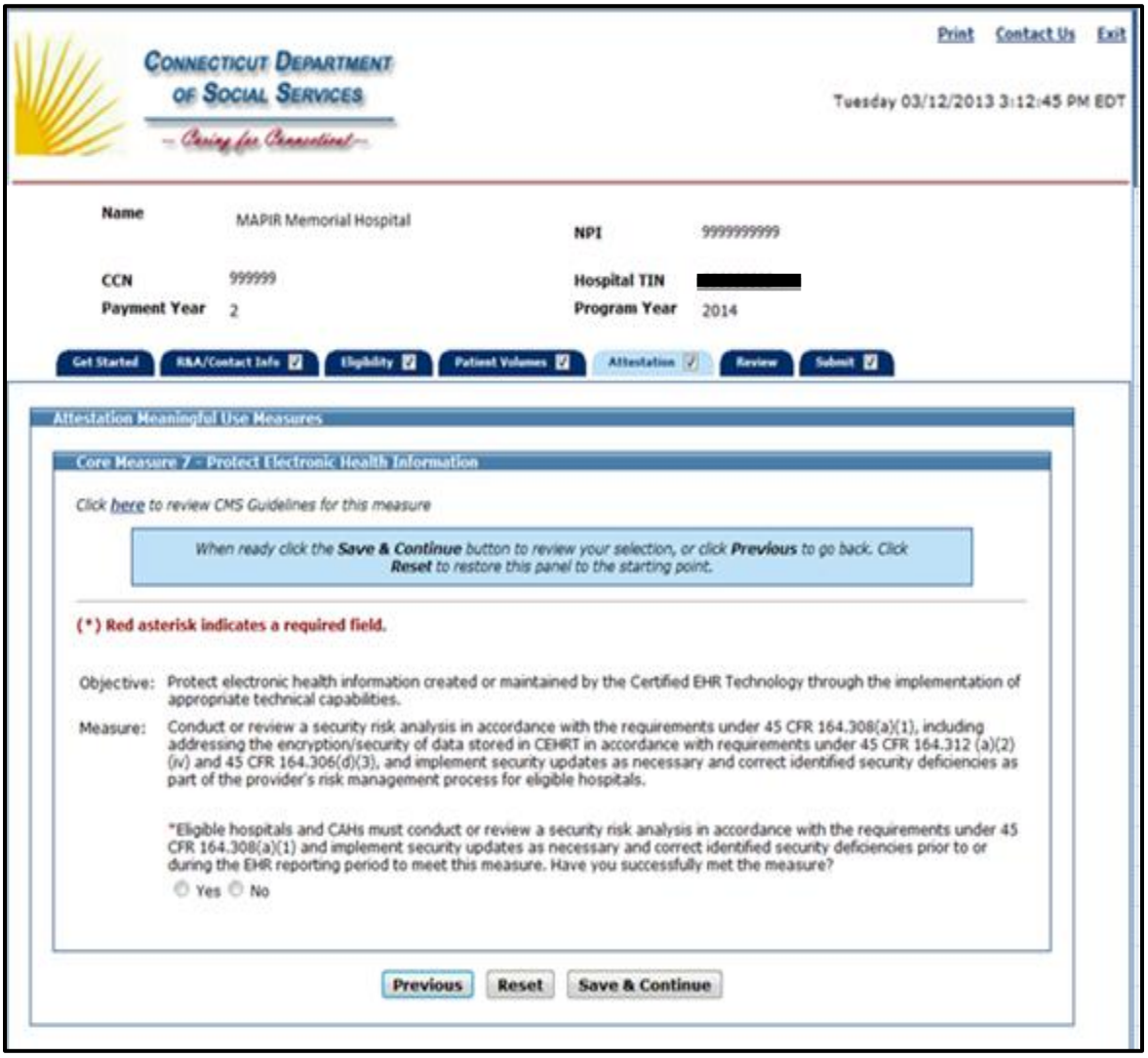
#### Core Measures 7 and 9

To view more details about any of these measures, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.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Attestation Meaningful Use Measures
Core Measure 7 - Protect Electronic Health Information
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective:
Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.
Measure:
Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for eligible hospitals.
*Eligible hospitals and CAHs must conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies prior to or during the EHR reporting period to meet this measure. Have you successfully met the measure?
Yes
No
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measure

#### Screen 8

The following Meaningful Use Core Measures use this screen layout:

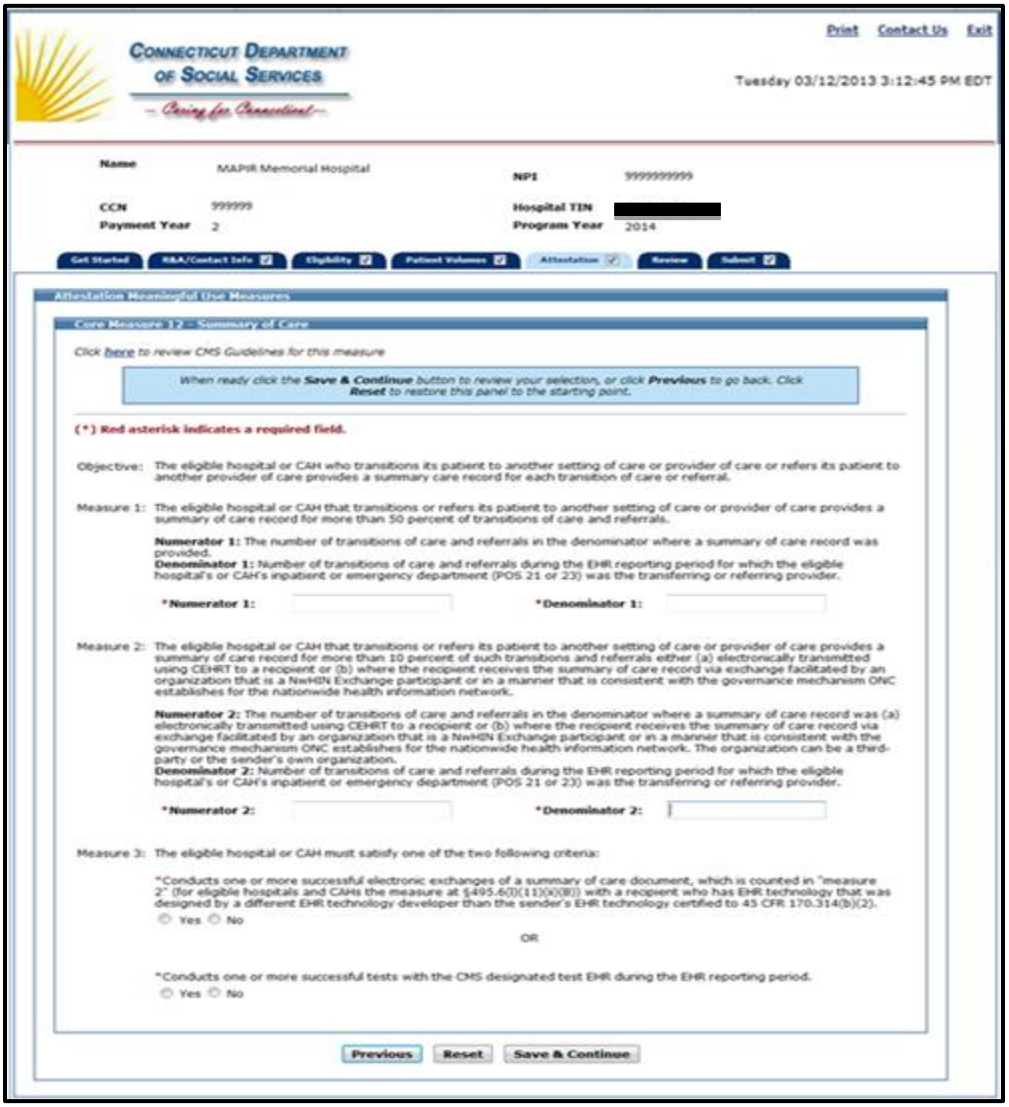
#### Core Measure 12

To view more details this measure, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.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Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Core Measure 12 - Summary of Care
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: The eligible hospital or CAH who transitions its patient to another setting of care or provider of care or refers its patient to another provider of care provides a summary care record for each transition of care or referral.
Measure 1: The eligible hospital or CAH that transitions or refers its patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.
Numerator 1: The number of transitions of care and referrals in the denominator where a summary of care record was provided.
Denominator 1: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.
*Numerator 1:
*Denominator 1:
Measure 2: The eligible hospital or CAH that transitions or refers its patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.
Numerator 2: The number of transitions of care and referrals in the denominator where a summary of care record was (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network. The organization can be a third-party or the sender's own organization.
Denominator 2: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.
*Numerator 2:
*Denominator 2:
Measure 3: The eligible hospital or CAH must satisfy one of the two following criteria:
*Conducts one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" (for eligible hospitals and CAHs the measure at §495.6(j)(11)(ii)(B)) with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).
Yes No
OR
*Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.
Yes No
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Core Measures

#### Screen 9

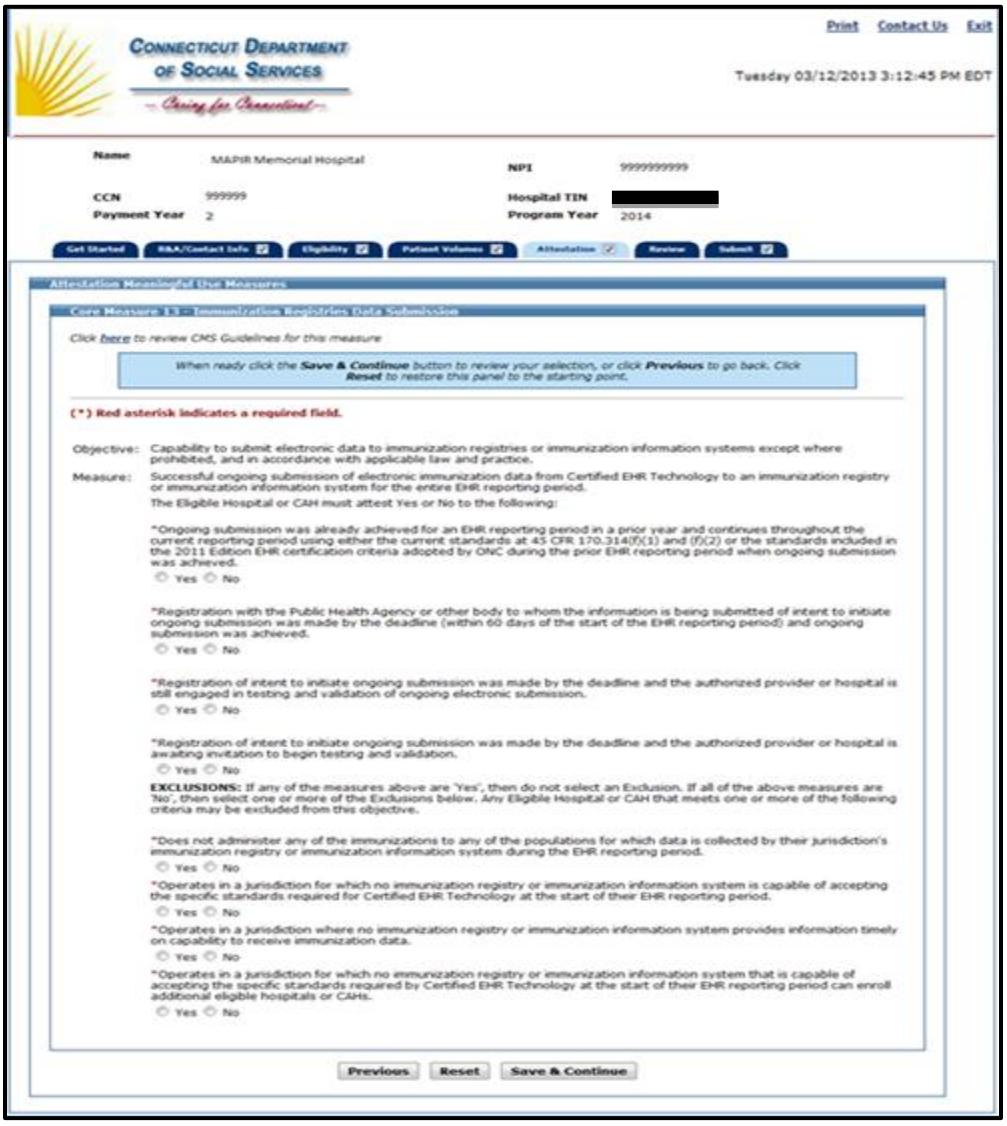
The following Meaningful Use Core Measures use this screen layout:

#### Core Measures 13, 14 and 15

To view more details about any of these measures, click the *here* link located on the screen.

Please complete all required fields (*).

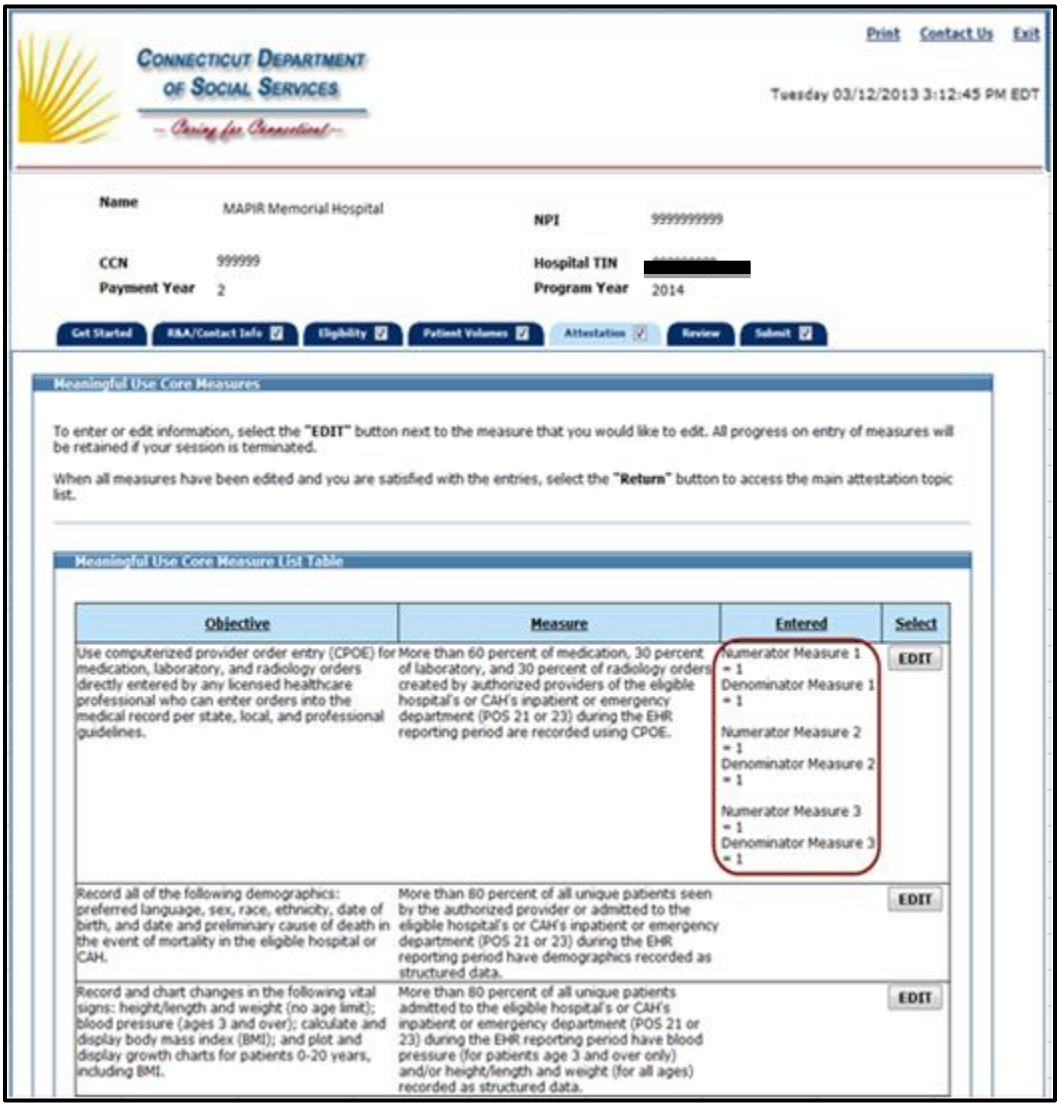
Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.


Print
Contact Us
Exit
Connecticut Department of Social Services
Caring for Connecticut
Tuesday 03/12/2013 3:12:45 PM EDT
Name
MAPSR Memorial Hospital
NPI
9999999999
CCN
999999
Hospital TIN
Payment Year
2
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Core Measure 13 - Immunization Registries Data Submission
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.
Measure: Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period.
The Eligible Hospital or CAH must attest Yes or No to the following:
*Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current reporting period using either the current standards at 45 CFR 170.314(f)(1) and (f)(2) or the standards included in the 2011 Edition EHR certification criteria adopted by ONC during the prior EHR reporting period when ongoing submission was achieved.
Yes No
*Registration with the Public Health Agency or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.
Yes No
*Registration of intent to initiate ongoing submission was made by the deadline and the authorized provider or hospital is still engaged in testing and validation of ongoing electronic submission.
Yes No
*Registration of intent to initiate ongoing submission was made by the deadline and the authorized provider or hospital is awaiting invitation to begin testing and validation.
Yes No
EXCLUSIONS: If any of the measures above are 'Yes', then do not select an Exclusion. If all of the above measures are 'No', then select one or more of the Exclusions below. Any Eligible Hospital or CAH that meets one or more of the following criteria may be excluded from this objective.
*Does not administer any of the immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.
Yes No
*Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required for Certified EHR Technology at the start of their EHR reporting period.
Yes No
*Operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data.
Yes No
*Operates in a jurisdiction for which no immunization registry or immunization information system that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs.
Yes No
Previous
Reset
Save & Continue

After you enter information for a measure, click the **Save & Continue.** You will be returned to the Meaningful Use Core Measure List Table. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below (please note that the entire screen is not displayed in this example).

You can continue to edit the measures at any point prior to submitting the application.

Click **Edit** for the next measure.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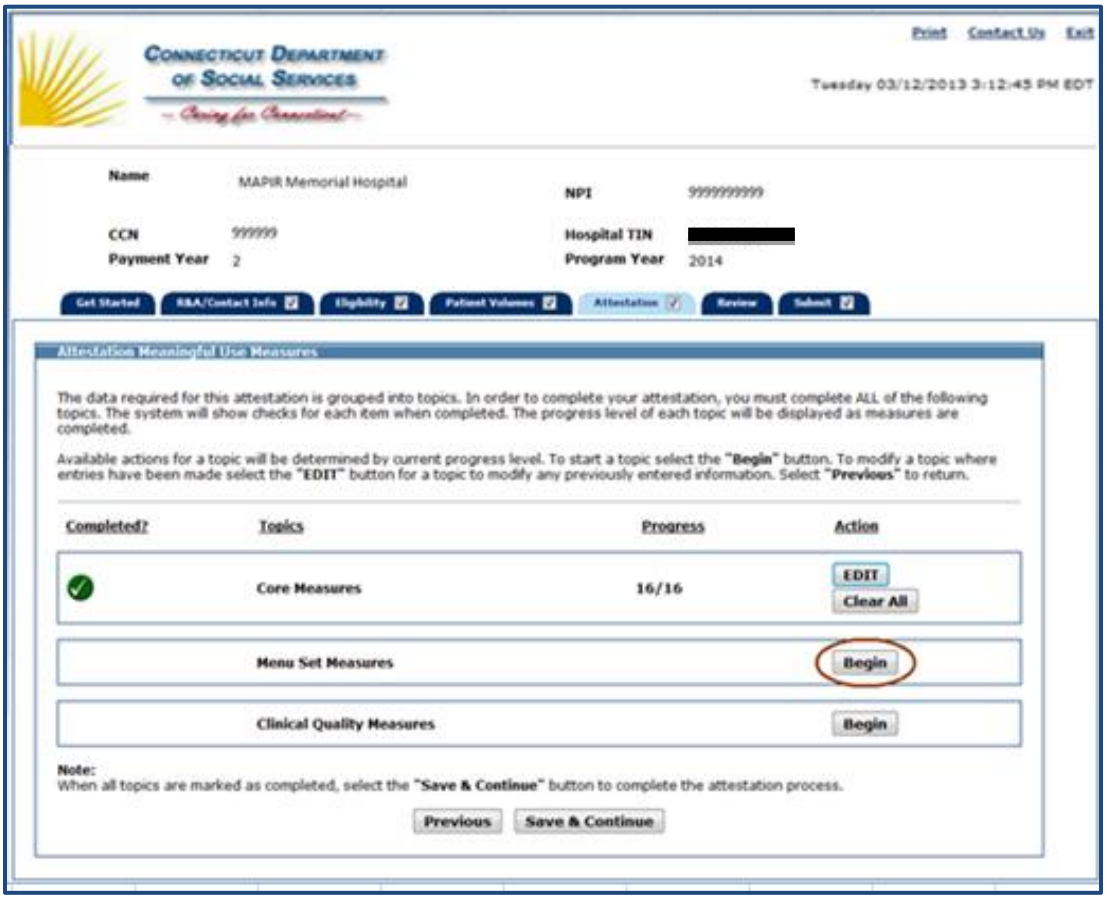
Caring for Connecticut
Tuesday 03/12/2013 3:12:45 PM EDT
Name
MAPIR Memorial Hospital
NPI
9999999999
CCN
999999
Hospital TIN
Payment Year
2
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Meaningful Use Core Measures
To enter or edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.
When all measures have been edited and you are satisfied with the entries, select the "Return" button to access the main attestation topic list.
Meaningful Use Core Measure List Table
Objective
Measure
Entered
Select
Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.
More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.
Numerator Measure 1 = 1
Denominator Measure 1 = 1
Numerator Measure 2 = 1
Denominator Measure 2 = 1
Numerator Measure 3 = 1
Denominator Measure 3 = 1
EDIT
Record all of the following demographics: preferred language, sex, race, ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.
More than 80 percent of all unique patients seen by the authorized provider or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.
EDIT
Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.
More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and/or height/length and weight (for all ages) recorded as structured data.
EDIT

Once you have attested to all the measures for this topic, click **Return** to return to the Measures Topic List.

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear all topic information you entered. Click **Begin** to start the next topic.

Proceed to the Meaningful Use Clinical Quality Measures (Stage 1 and Stage 2) on 140.


Connecticut Department of Social Services
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Tuesday 03/12/2013 3:12:45 PM EDT
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Hospital TIN
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Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures are completed.
Available actions for a topic will be determined by current progress level. To start a topic select the "Begin" button. To modify a topic where entries have been made select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.
Completed?
Topics
Progress
Action
Core Measures
16/16
EDIT
Clear All
Menu Set Measures
Begin
Clinical Quality Measures
Begin
Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.
Previous
Save & Continue

## Meaningful Use Menu Set Measures

This initial screen provides information about the Meaningful Use Menu Measures for Stage 2.

Click **Begin** to continue to the Meaningful Use Menu Measures Selection screen.

Print
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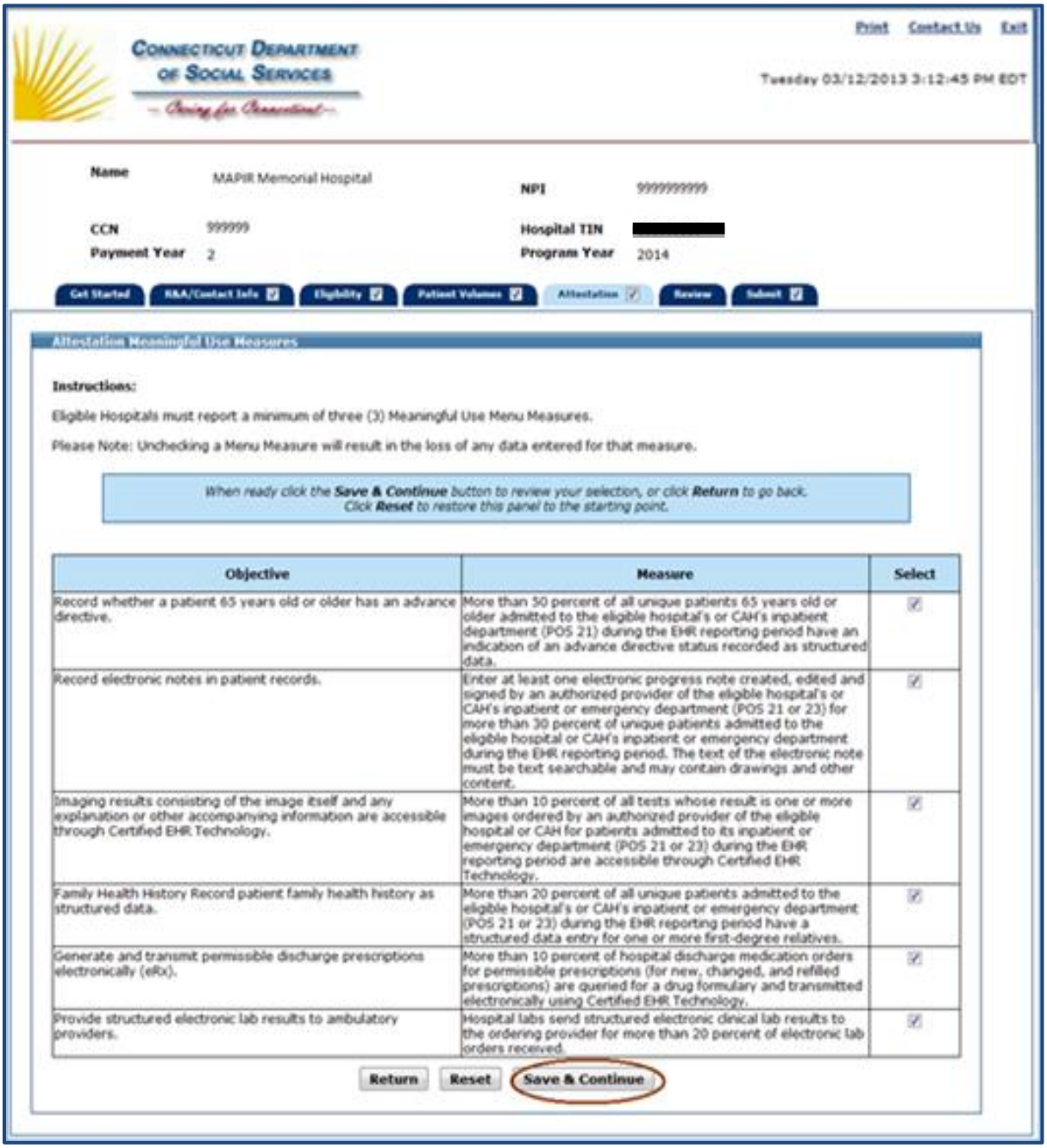
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Thursday 10/02/2014 5:08:26 PM EDT
Name
MAPIR HOSPITAL
NPI
2011062207
CCN
070098
Hospital TIN
Payment Year
1
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
MEANINGFUL USE MENU SET MEASURES (Stage 2)
As part of the meaningful use attestation process, Eligible Hospitals are required to complete 3 out of 6 Menu Set Measures in Stage 2. Some Meaningful Use Objectives may not apply to the EH thus you would not have any eligible patients or actions for the measure denominator. In these cases, the EH would be excluded from having to meet that measure.
HELPFUL HINTS
1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. For more details on each measure, select the 'click here' link at the top of each screen.
3. You may review the completed measures by selecting the 'Edit' button.
4. After completing the 3 measures, you will receive a checkmark indicating the section is complete.
5. The checkmark does not mean you passed or failed the measures.
6. Evaluations of MU measures are made after the application is submitted.
Begin

From the Meaningful Use Menu Measures Selection screen, choose a minimum of three Meaningful Use Menu Measures to attest to.

If a measure is selected and information is entered for that measure, unselecting the measure will clear all information previously entered.

Click **Save & Continue** to proceed, or click **Return** to go back. Click **Reset** to restore this panel to the starting point.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CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Tuesday 03/12/2013 3:12:45 PM EDT
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MAPIR Memorial Hospital
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Program Year
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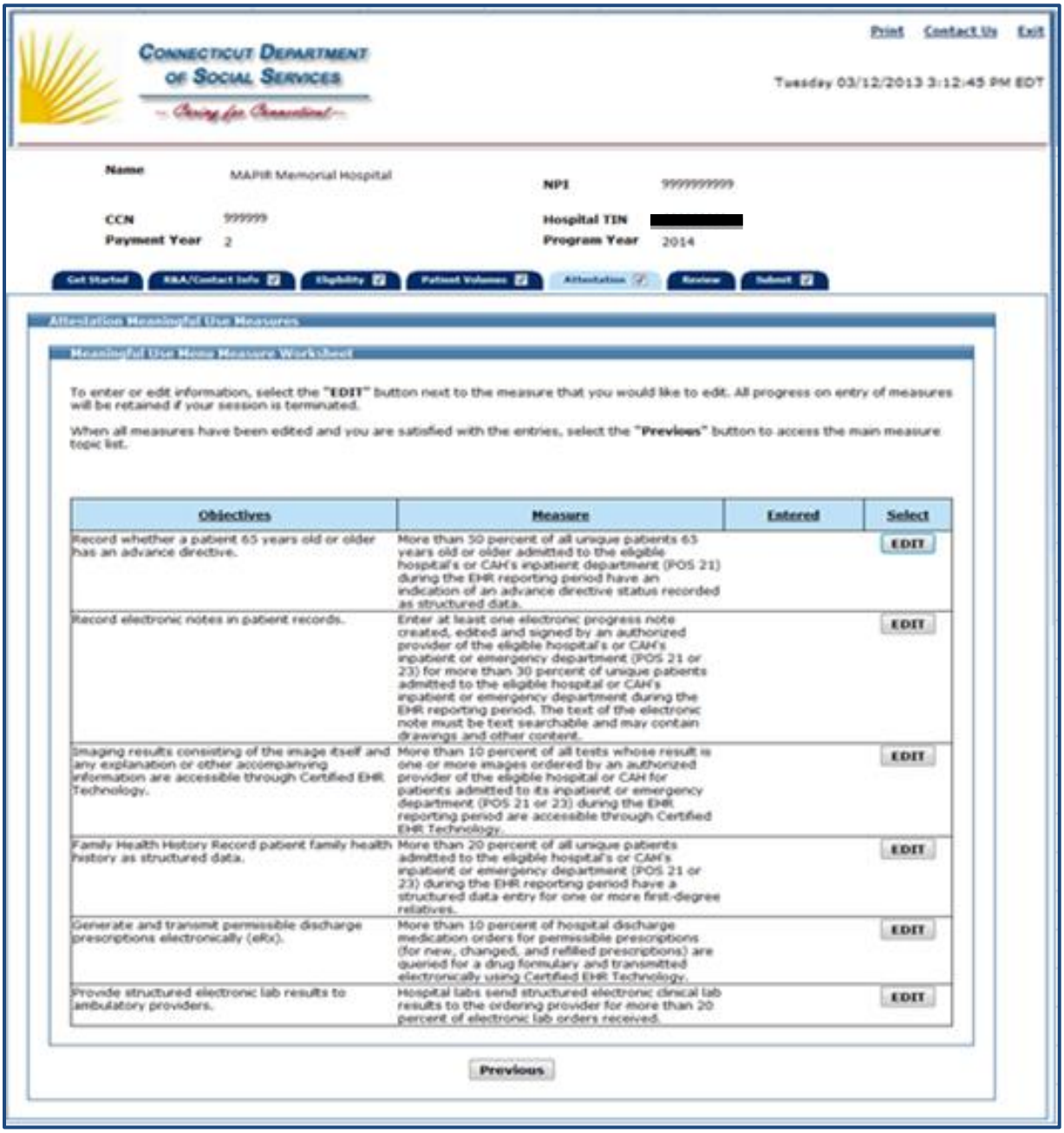
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Instructions:
Eligible Hospitals must report a minimum of three (3) Meaningful Use Menu Measures.
Please Note: Unchecking a Menu Measure will result in the loss of any data entered for that measure.
When ready click the Save & Continue button to review your selection, or click Return to go back.
Click Reset to restore this panel to the starting point.
Objective
Measure
Select
Record whether a patient 65 years old or older has an advance directive.
More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.
Record electronic notes in patient records.
Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.
More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology.
Family Health History Record patient family health history as structured data.
More than 20 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.
Generate and transmit permissible discharge prescriptions electronically (eRx).
More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.
Provide structured electronic lab results to ambulatory providers.
Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.
Return
Reset
Save & Continue

The measures you selected to attest to will display on the Meaningful Use Menu Measure Worksheet. The example below displays the six measures selected on the previous screen example.

You must complete all measures on this screen.

Once information is successfully entered and saved for a measure it will be displayed in the Entered column on this screen.

Click **Edit** to enter or edit information for a measure, or click **Previous** to return to the Measures Topic List.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Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Meaningful Use Menu Measure Worksheet
To enter or edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.
When all measures have been edited and you are satisfied with the entries, select the "Previous" button to access the main measure topic list.
Objectives
Measure
Entered
Select
Record whether a patient 65 years old or older has an advance directive.
More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.
EDIT
Record electronic notes in patient records.
Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.
EDIT
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.
More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology.
EDIT
Family Health History Record patient family health history as structured data.
More than 20 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.
EDIT
Generate and transmit permissible discharge prescriptions electronically (eRx).
More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.
EDIT
Provide structured electronic lab results to ambulatory providers.
Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.
EDIT
Previous

The following is a list of the six Meaningful Use Menu Measures that you may attest to.

Click on the Screen Example to see an example of the screen layout.

| **Meaningful Use Menu Measure** | **Screen Example** |
|---|---|
| Menu Measure 1 - Advance Directive | Screen 1 |
| Menu Measure 2 - Electronic Notes | Screen 2 |
| Menu Measure 3 - Imaging Results | Screen 2 |
| Menu Measure 4 - Family Health History | Screen 2 |
| Menu Measure 5 - ePrescribing (eRx) | Screen 1 |
| Menu Measure 6 - Lab Results to Ambulatory Providers | Screen 2 |

## ***ATTESTATION (cont.)***

### Meaningful Use – Menu Measures

There are six Meaningful Use Menu Measure screens. As you proceed through the Meaningful Use Menu Measure section of MAPIR, you will see two different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Menu Measure, **click on the link provided above the blue instruction box.**

**Screen 1**

The following Meaningful Use Menu Measures use this screen layout:

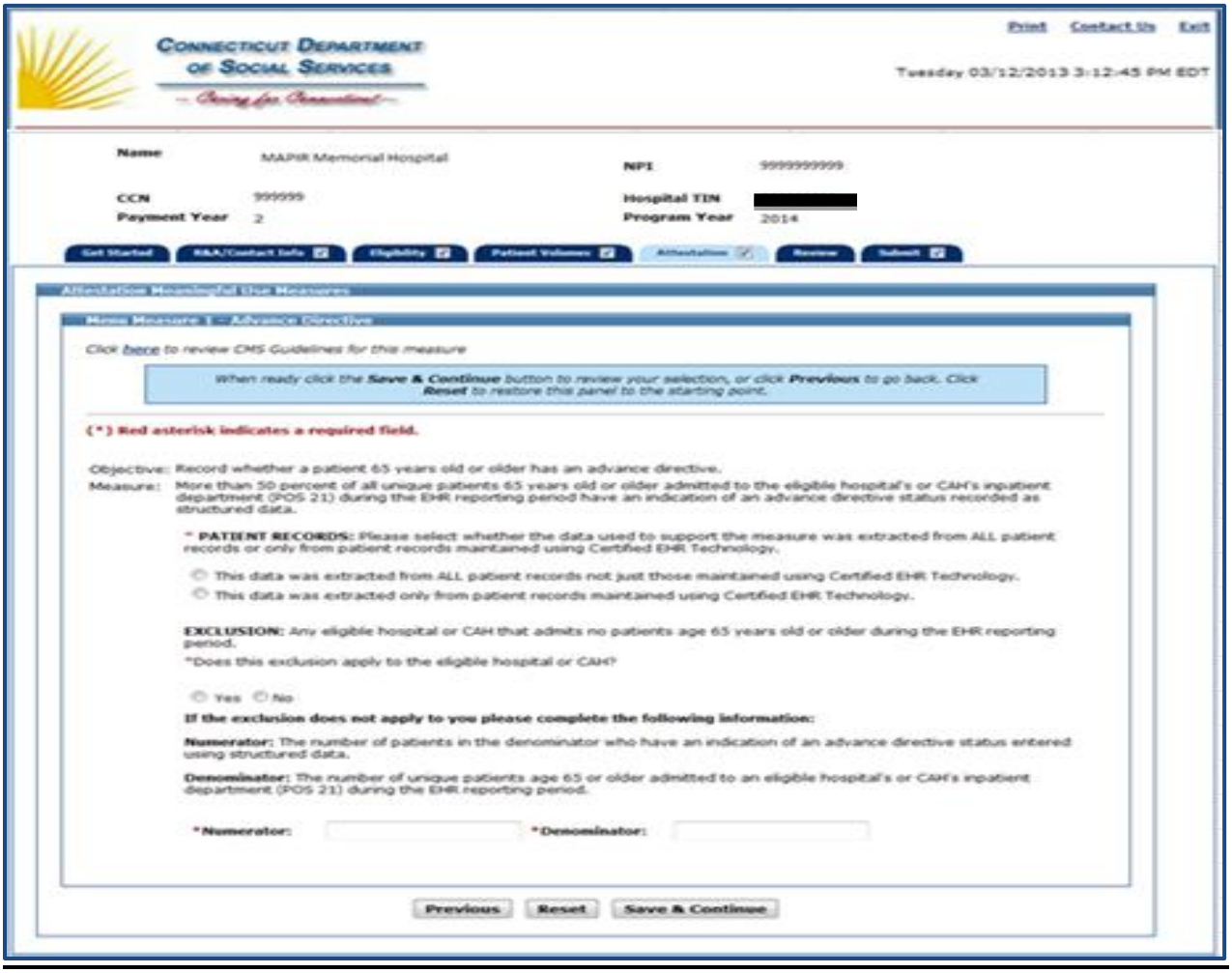
**Menu Measures 1 and 5**

To view more details about any of these measures, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.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Tuesday 03/12/2013 3:12:45 PM EDT
Name
MAPIR Memorial Hospital
NPI
9999999999
CCN
999999
Hospital TIN
Payment Year
2
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Menu Measure 1 - Advance Directive
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Record whether a patient 65 years old or older has an advance directive.
Measure: More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.
* PATIENT RECORDS: Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.
This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
This data was extracted only from patient records maintained using Certified EHR Technology.
EXCLUSION: Any eligible hospital or CAH that admits no patients age 65 years old or older during the EHR reporting period.
*Does this exclusion apply to the eligible hospital or CAH?
Yes
No
If the exclusion does not apply to you please complete the following information:
Numerator: The number of patients in the denominator who have an indication of an advance directive status entered using structured data.
Denominator: The number of unique patients age 65 or older admitted to an eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period.
*Numerator:
*Denominator:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Menu Measures

#### Screen 2

The following Meaningful Use Menu Measures use this screen layout:

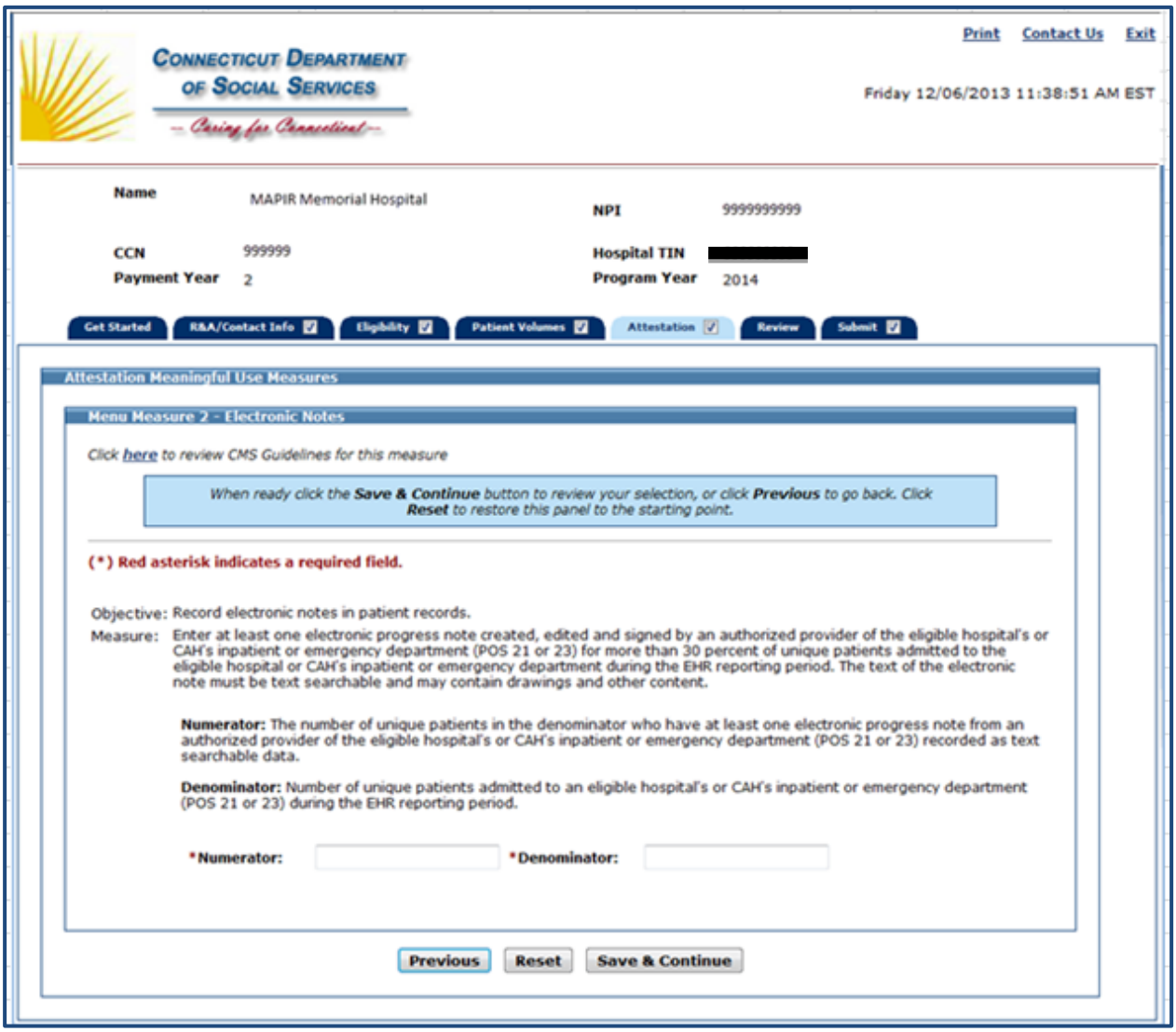
**Menu Measures 2, 3, 4, and 6**

To view more details about any of these measures, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator entered must be greater than or equal to the numerator entered.

Click **Save &Continue** to proceed, **Previous** to return, or **Reset** to clear all unsaved data.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CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Friday 12/06/2013 11:38:51 AM EST
Name
MAPIR Memorial Hospital
NPI
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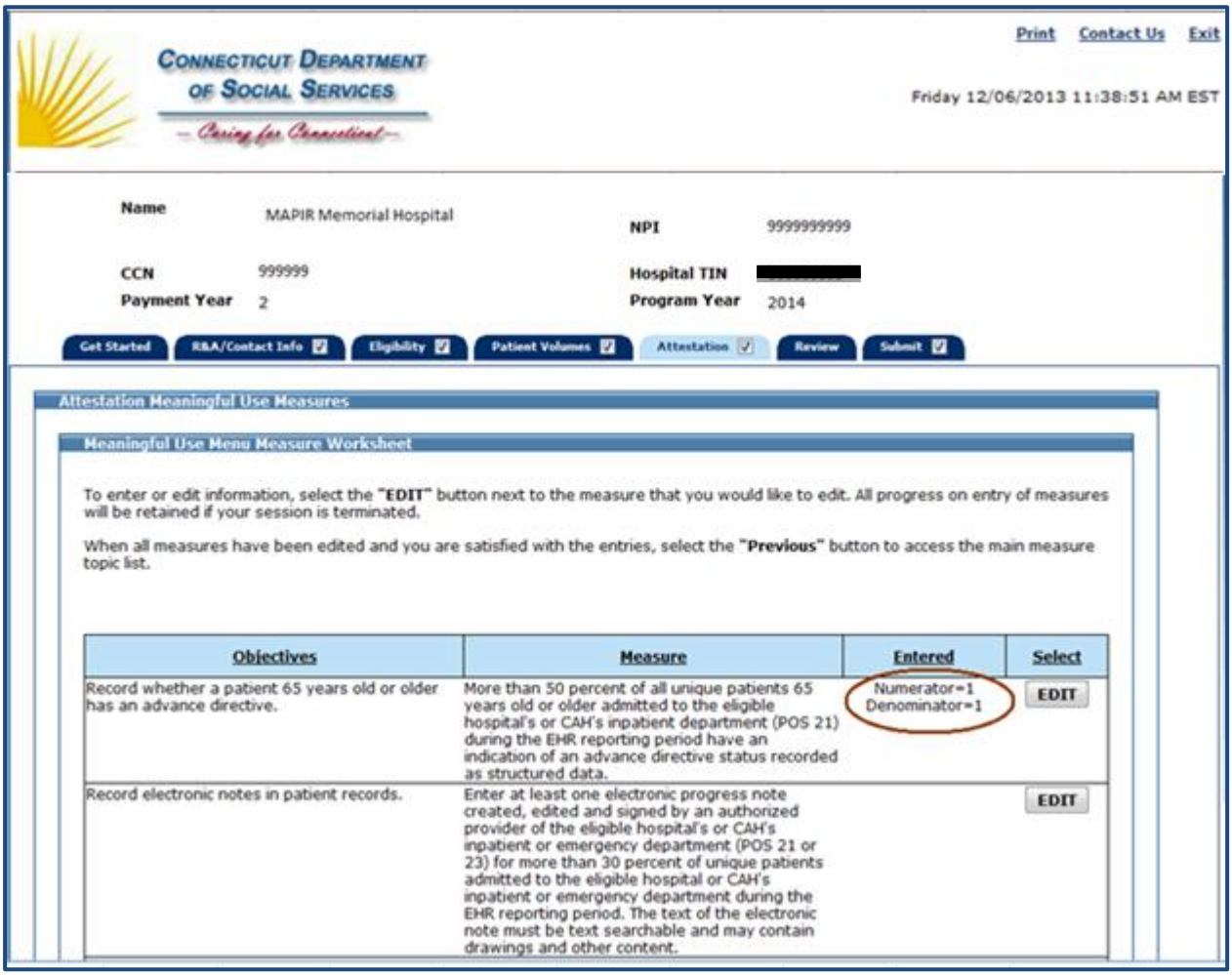
CCN
999999
Hospital TIN
Payment Year
2
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Menu Measure 2 - Electronic Notes
Click here to review CMS Guidelines for this measure
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Objective: Record electronic notes in patient records.
Measure: Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.
Numerator: The number of unique patients in the denominator who have at least one electronic progress note from an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) recorded as text searchable data.
Denominator: Number of unique patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
*Numerator:
*Denominator:
Previous
Reset
Save & Continue

After you enter information for a measure and click **Save & Continue**, you will return to the Meaningful Use Menu Measure Worksheet. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below (please note that the entire screen is not displayed in this example).

You can continue to edit the measures at any point prior to submitting the application.

Click on the **Edit** button for the next measure.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Payment Year
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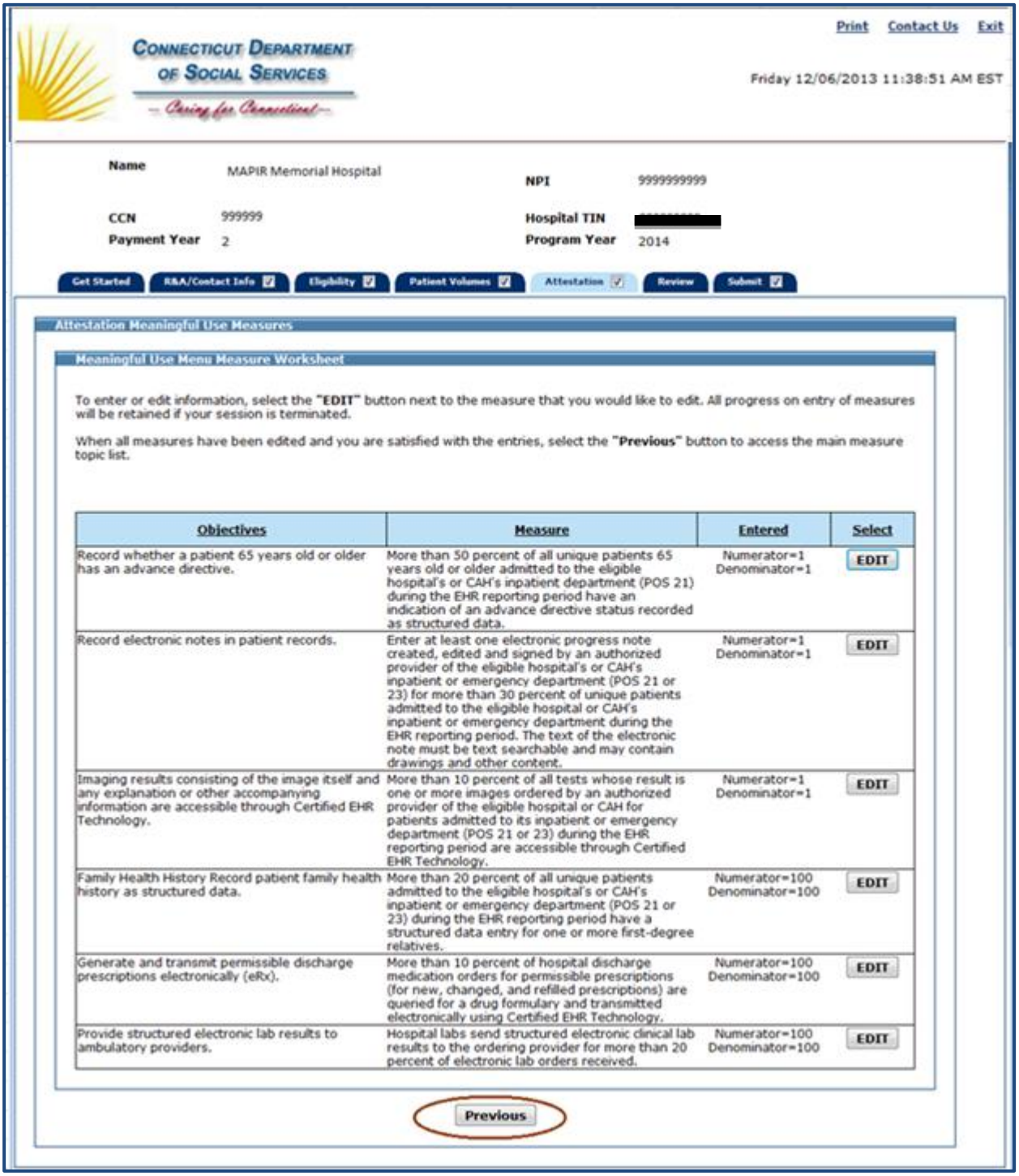
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Meaningful Use Menu Measure Worksheet
To enter or edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.
When all measures have been edited and you are satisfied with the entries, select the "Previous" button to access the main measure topic list.
Objectives
Measure
Entered
Select
Record whether a patient 65 years old or older has an advance directive.
More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.
Numerator=1
Denominator=1
EDIT
Record electronic notes in patient records.
Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.
EDIT

Once you have attested to all the measures for this topic, click **Previous** to return to the Meaningful Use Menu Measure Selection screen.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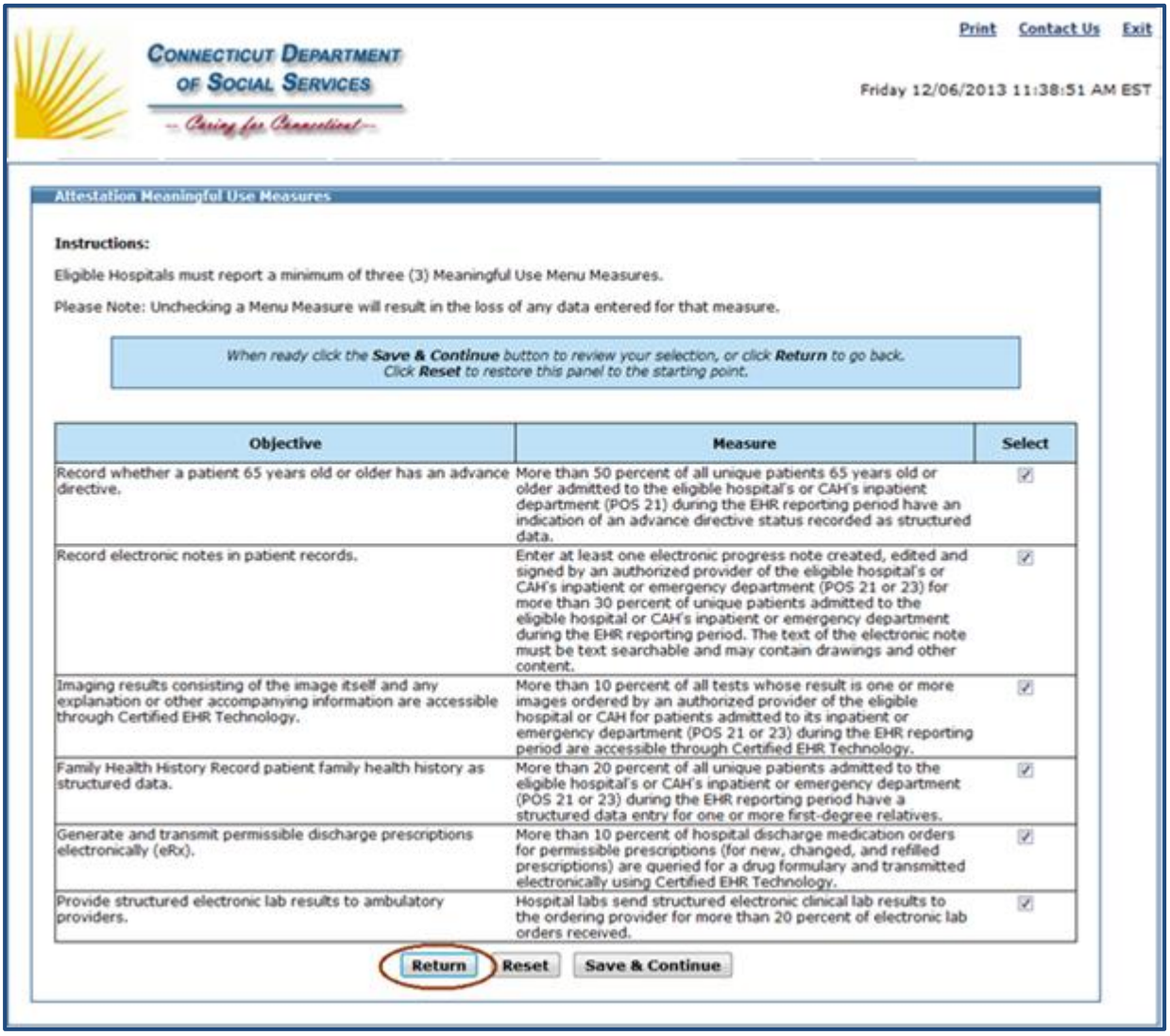
Caring for Connecticut
Friday 12/06/2013 11:38:51 AM EST
Name MAPIR Memorial Hospital
NPI 9999999999
CCN 999999
Hospital TIN
Payment Year 2
Program Year 2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Meaningful Use Menu Measure Worksheet
To enter or edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.
When all measures have been edited and you are satisfied with the entries, select the "Previous" button to access the main measure topic list.
Objectives
Measure
Entered
Select
Record whether a patient 65 years old or older has an advance directive.
More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.
Numerator=1 Denominator=1
EDIT
Record electronic notes in patient records.
Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.
Numerator=1 Denominator=1
EDIT
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.
More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology.
Numerator=1 Denominator=1
EDIT
Family Health History Record patient family health history as structured data.
More than 20 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.
Numerator=100 Denominator=100
EDIT
Generate and transmit permissible discharge prescriptions electronically (eRx).
More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.
Numerator=100 Denominator=100
EDIT
Provide structured electronic lab results to ambulatory providers.
Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.
Numerator=100 Denominator=100
EDIT
Previous

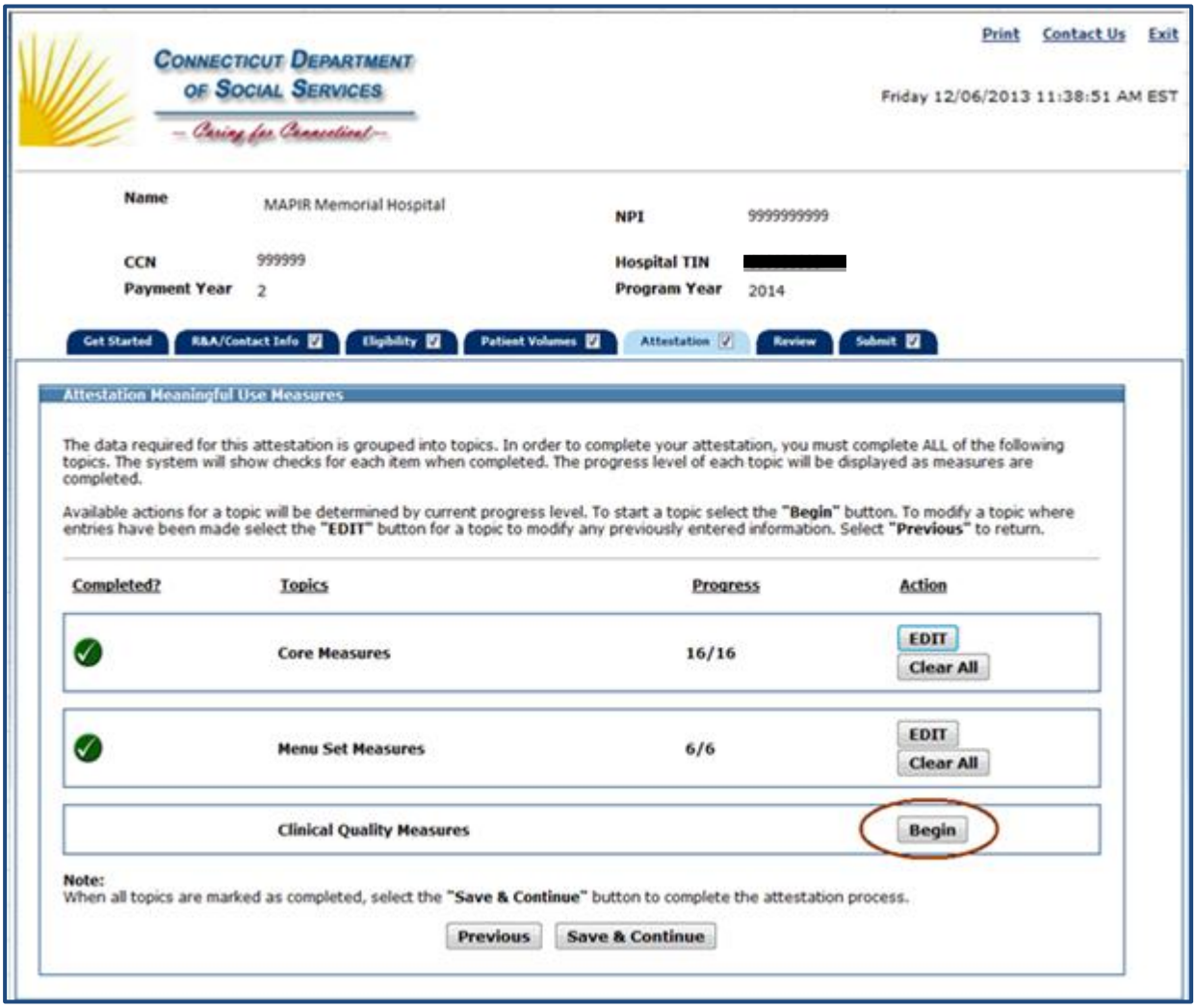
Click **Return** to return to the Measure Topic List.


Print
Contact Us
Exit
Connecticut Department of Social Services
Caring for Connecticut
Friday 12/06/2013 11:38:51 AM EST
Attestation Meaningful Use Measures
Instructions:
Eligible Hospitals must report a minimum of three (3) Meaningful Use Menu Measures.
Please Note: Unchecking a Menu Measure will result in the loss of any data entered for that measure.
When ready click the Save & Continue button to review your selection, or click Return to go back.
Click Reset to restore this panel to the starting point.
Objective
Measure
Select
Record whether a patient 65 years old or older has an advance directive.
More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.
Record electronic notes in patient records.
Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.
Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.
More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology.
Family Health History Record patient family health history as structured data.
More than 20 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.
Generate and transmit permissible discharge prescriptions electronically (eRx).
More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.
Provide structured electronic lab results to ambulatory providers.
Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.
Return
Reset
Save & Continue

If all measures were entered and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, or click **Clear All** to clear all topic information you entered. Click **Begin** to start the next topic.

Proceed to the Meaningful Use Clinical Quality Measures (Stage 1 and Stage 2) on page 140.

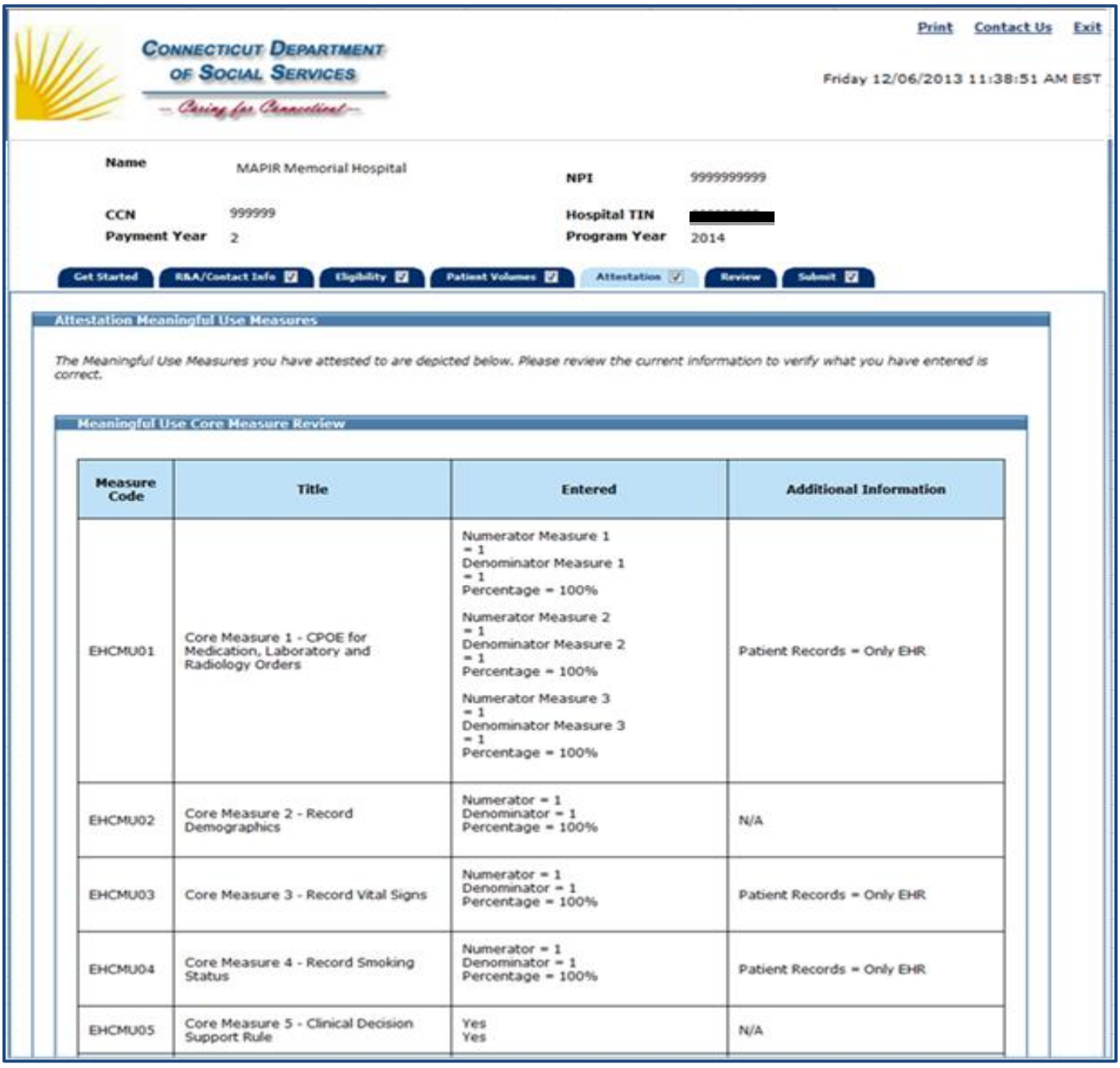

Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Friday 12/06/2013 11:38:51 AM EST
Name
MAPIR Memorial Hospital
NPI
9999999999
CCN
999999
Hospital TIN
Payment Year
2
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures are completed.
Available actions for a topic will be determined by current progress level. To start a topic select the "Begin" button. To modify a topic where entries have been made select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.
Completed?
Topics
Progress
Action
Core Measures
16/16
EDIT
Clear All
Menu Set Measures
6/6
EDIT
Clear All
Clinical Quality Measures
Begin
Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.
Previous
Save & Continue

## Meaningful Use Measures Summary for Stage 2

This screen displays a summary of all entered meaningful use attestation information.

Review the information for each measure. If further edits are necessary, click **Previous** to return to the Measures Topic List where you can choose a topic to edit.

If the information on the summary is correct, click **Save & Continue** to proceed to Part 3 of 3 of the Attestation Phase.



This is screen 2 of 5 of the Meaningful Use Measures Summary.

| | | | |
|---|---|---|---|
| EHCMU06 | Core Measure 6 - Patient Electronic Access | Numerator Measure 1 = 1<br>Denominator Measure 1 = 1<br>Percentage = 100%<br><br>Numerator Measure 2 = 1<br>Denominator Measure 2 = 1<br>Percentage = 100% | N/A |
| EHCMU07 | Core Measure 7 - Protect Electronic Health Information | Yes | N/A |
| EHCMU08 | Core Measure 8 - Clinical Lab-Test Results | Numerator = 1<br>Denominator = 1<br>Percentage = 100% | Patient Records = Only EHR |
| EHCMU09 | Core Measure 9 - Patient Lists | Yes | N/A |
| EHCMU10 | Core Measure 10 - Patient-Specific Education Resources | Numerator = 1<br>Denominator = 1<br>Percentage = 100% | N/A |
| EHCMU11 | Core Measure 11 - Medication Reconciliation | Numerator = 1<br>Denominator = 1<br>Percentage = 100% | N/A |
| EHCMU12 | Core Measure 12 - Summary of Care | Numerator Measure 1 = 1<br>Denominator Measure 1 = 1<br>Percentage = 100%<br><br>Numerator Measure 2 = 1<br>Denominator Measure 2 = 1<br>Percentage = 100%<br><br>Yes<br>Yes | N/A |
| EHCMU13 | Core Measure 13 - Immunization Registries Data Submission | Q1 = Yes<br>Q2 = Yes<br>Q3 = Yes<br>Q4 = Yes | N/A |
| EHCMU14 | Core Measure 14 - Electronic Reportable Laboratory Results | Q1 = Yes<br>Q2 = Yes<br>Q3 = Yes<br>Q4 = Yes | N/A |
| EHCMU15 | Core Measure 15 - Syndromic Surveillance Data Submission | Q1 = Yes<br>Q2 = Yes<br>Q3 = Yes<br>Q4 = Yes | N/A |
| EHCMU16 | Core Measure 16 - Electronic Medication Administration Records (eMAR) | Numerator = 1<br>Denominator = 1<br>Percentage = 100% | Patient Records = Only EHR |

This is screen 3 of 5 of the Meaningful Use Measures Summary.

**Meaningful Use Menu Measure Review**

| Measure Code | Title | Entered | Additional Information |
|---|---|---|---|
| EHMMU01 | Menu Measure 1 - Drug Formulary Checks | Yes | Patient Records = All |
| EHMMU02 | Menu Measure 2 - Advance Directives | Numerator = 1<br>Denominator = 1<br>Percentage = 100% | Patient Records = All |
| EHMMU03 | Menu Measure 3 - Clinical Lab Test Results | Numerator = 23<br>Denominator = 45<br>Percentage = 51% | Patient Records = All |
| EHMMU04 | Menu Measure 4 - Patient List | Yes | Patient Records = All |
| EHMMU05 | Menu Measure 5 - Patient-Specific Education Resources | Numerator = 45<br>Denominator = 102<br>Percentage = 44% | N/A |
| EHMMU08 | Menu Measure 8 - Immunization Registries Data Submission | No<br>No<br><br>No | See below for additional information |

**Additional Information**

**EHMMU08**

**Immunization Registry :**
**Exclusion Reason :** No
**Test Successful :**
**Test Date & Time :**
**Follow Up Submission :**

**Meaningful Use Clinical Quality Measure Review**

| Measure Code | Domain | Title | Entered |
|---|---|---|---|
| CMS102 v3 | Care Coordination | Assessed for Rehabilitation | Numerator = 4<br>Denominator = 3<br>Performance Rate (%) = 25.0<br>Exclusion = 2 |
| CMS31 v3 | Clinical Process/Effectiveness | Hearing Screening Prior To Hospital Discharge | Numerator = 100<br>Denominator = 200<br>Performance Rate (%) = 50.0<br>Exclusion = 5 |
| CMS53 v3 | Clinical Process/Effectiveness | Primary PCI Received Within 90 Minutes of Hospital Arrival | Numerator = 100<br>Denominator = 200<br>Performance Rate (%) = 50.0<br>Exclusion = 7 |

This is screen 4 of 5 of the Meaningful Use Measures Summary.

| | | | |
|---|---|---|---|
| CMS60 v3 | Clinical Process/Effectiveness | Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival | Numerator = 120<br>Denominator = 130<br>Performance Rate (%) = 45.0<br>Exclusion = 3<br>Exception = 9 |
| CMS71 v4 | Clinical Process/Effectiveness | Anticoagulation Therapy for Atrial Fibrillation/Flutter | Numerator = 50<br>Denominator = 100<br>Performance Rate (%) = 56.0<br>Exclusion = 3<br>Exception = 5 |
| CMS72 v3 | Clinical Process/Effectiveness | Antithrombotic Therapy By End of Hospital Day 2 | Numerator = 28<br>Denominator = 45<br>Performance Rate (%) = 56.0<br>Exclusion = 7<br>Exception = 8 |
| CMS73 v3 | Clinical Process/Effectiveness | Venous Thromboembolism Patients with Anticoagulation Overlap Therapy | Numerator = 230<br>Denominator = 450<br>Performance Rate (%) = 35.0<br>Exclusion = 9 |
| CMS91 v4 | Clinical Process/Effectiveness | Thrombolytic Therapy | Numerator = 90<br>Denominator = 100<br>Performance Rate (%) = 79.0<br>Exception = 4 |
| CMS104 v3 | Clinical Process/Effectiveness | Discharged on Antithrombotic Therapy | Numerator = 240<br>Denominator = 500<br>Performance Rate (%) = 89.0<br>Exclusion = 5<br>Exception = 8 |
| CMS105 v3 | Clinical Process/Effectiveness | Discharged on Statin Medication | Numerator = 30<br>Denominator = 60<br>Performance Rate (%) = 90.0<br>Exclusion = 5<br>Exception = 1 |
| CMS109 v3 | Clinical Process/Effectiveness | Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram | Numerator = 79<br>Denominator = 100<br>Performance Rate (%) = 87.0<br>Exclusion = 3 |
| CMS113 v3 | Clinical Process/Effectiveness | Elective Delivery | Numerator = 90<br>Denominator = 150<br>Performance Rate (%) = 78.0<br>Exclusion = 6 |

This is screen 5 of 5 of the Meaningful Use Measures Summary.

| | | | |
|---|---|---|---|
| CMS55 v3 | Patient and Family Engagement | Median Time from ED Arrival to ED Departure for Admitted ED Patients | Measure Observation 1 = 12<br>Measure Population 1 = 28<br><br>Measure Observation 2 = 34<br>Measure Population 2 = 67<br><br>Measure Observation 3 = 43<br>Measure Population 3 = 89 |
| CMS114 v3 | Patient Safety | Incidence of Potentially-Preventable Venous Thromboembolism | Numerator = 45<br>Denominator = 98<br>Performance Rate (%) = 85.0<br>Exclusion = 4 |
| CMS171 v4 | Patient Safety | Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision | Numerator 1 = 50<br>Denominator 1 = 100<br>Performance Rate 1(%) = 78.0<br>Exclusion 1 = 3<br><br>Numerator 2 = 75<br>Denominator 2 = 143<br>Performance Rate 2(%) = 89.0<br>Exclusion 2 = 3<br><br>Numerator 3 = 87<br>Denominator 3 = 132<br>Performance Rate 3(%) = 90.0<br>Exclusion 3 = 3<br><br>Numerator 4 = 57<br>Denominator 4 = 123<br>Performance Rate 4(%) = 56.0<br>Exclusion 4 = 3<br><br>Numerator 5 = 76<br>Denominator 5 = 100<br>Performance Rate 5(%) = 78.0<br>Exclusion 5 = 4<br><br>Numerator 6 = 56<br>Denominator 6 = 100<br>Performance Rate 6(%) = 45.0<br>Exclusion 6 = 5<br><br>Numerator 7 = 123<br>Denominator 7 = 200<br>Performance Rate 7(%) = 67.0<br>Exclusion 7 = 6<br><br>Numerator 8 = 79<br>Denominator 8 = 100<br>Performance Rate 8(%) = 78.0<br>Exclusion 8 = 7 |
| CMS190 v3 | Patient Safety | Intensive Care Unit Venous Thromboembolism Prophylaxis | Numerator = 45<br>Denominator = 78<br>Performance Rate (%) = 79.0<br>Exclusion = 3<br>Exception = 2 |

Previous Save & Continue

**Proceed to the Attestation Phase (Part 3 of 3) on page 157.**

## Stages 1 and 2

### Meaningful Use Clinical Quality Measures

This initial screen provides information about the Clinical Quality Measures.

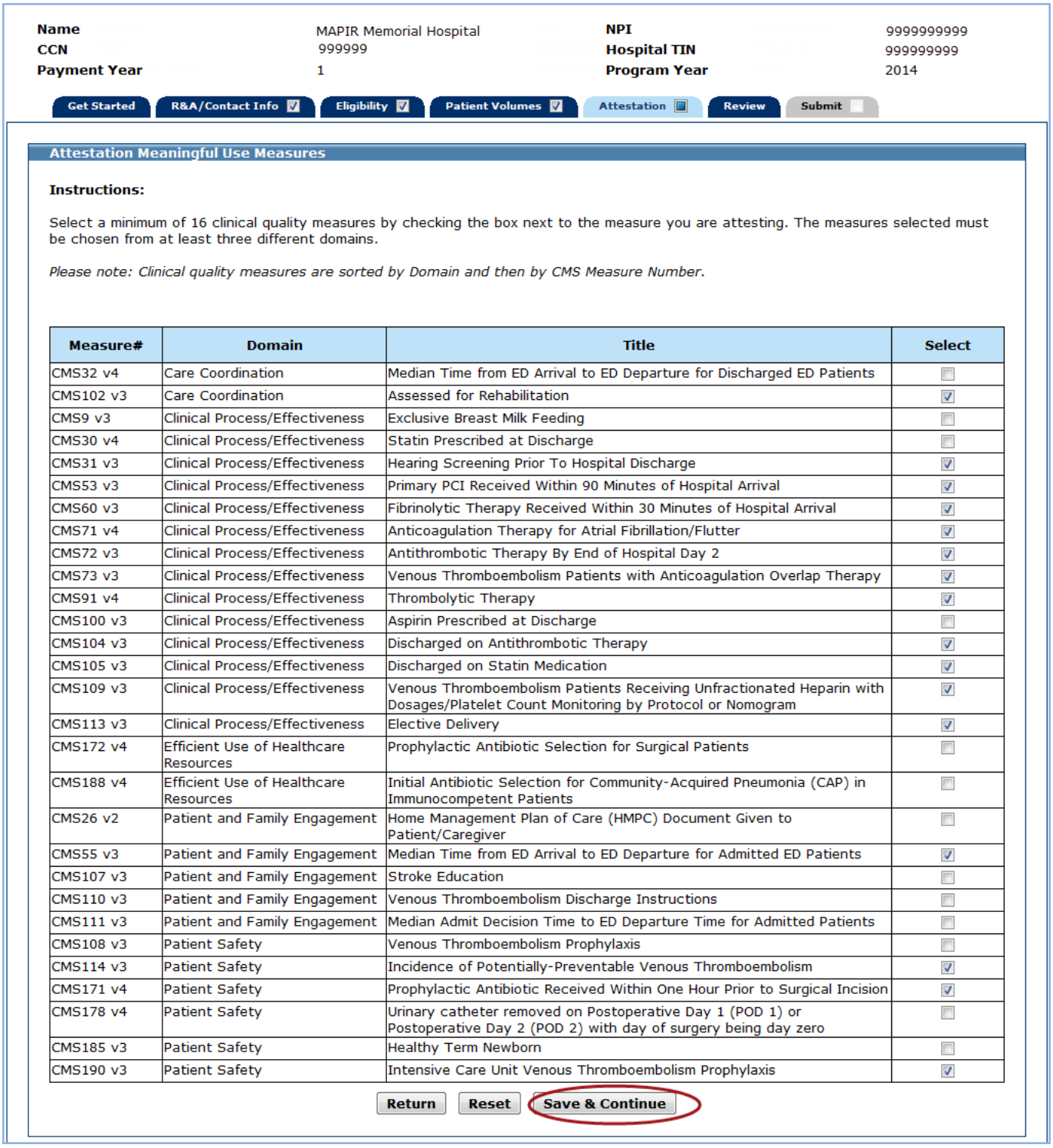
Click **Begin** to continue to the Meaningful Use Clinical Quality Selection screen.

Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Monday 01/06/2014 11:48:18 AM EST
Name
ROCKVILLE GENERAL HOSPITAL
NPI
1871536227
CCN
700015
Hospital TIN
Payment Year
2
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
MEANINGFUL USE CLINICAL QUALITY MEASURES
As part of the Meaningful Use Attestation, Eligible Hospitals must report on 16 of 29 Clinical Quality Measures, irrespective of the stage of Meaningful Use. Selected CQMs must cover at least 3 of the National Quality Strategy domains. The data for these measures must be obtained directly from the certified EHR system.
HELPFUL HINTS
1. The Core, Menu and Clinical Quality Measures can be completed in any order.
2. You may review the completed measures by selecting the 'Edit' button.
3. When all measures are complete, you will receive a checkmark indicating the section is complete.
Begin

This screen displays the Meaningful Use Clinical Quality Selection screen. There are 29 Meaningful Use Clinical Quality Measures available for you to attest to.

Select a minimum of 16 Meaningful Use Clinical Quality Measures from at least three different domains.

Click **Save & Continue** to proceed, or click **Return** to go back. Click **Reset** to restore this panel to the starting point.



**Name** MAPIR Memorial Hospital **NPI** 9999999999
**CCN** 999999 **Hospital TIN** 999999999
**Payment Year** 1 **Program Year** 2014

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

**Attestation Meaningful Use Measures**

**Instructions:**

Select a minimum of 16 clinical quality measures by checking the box next to the measure you are attesting. The measures selected must be chosen from at least three different domains.

*Please note: Clinical quality measures are sorted by Domain and then by CMS Measure Number.*

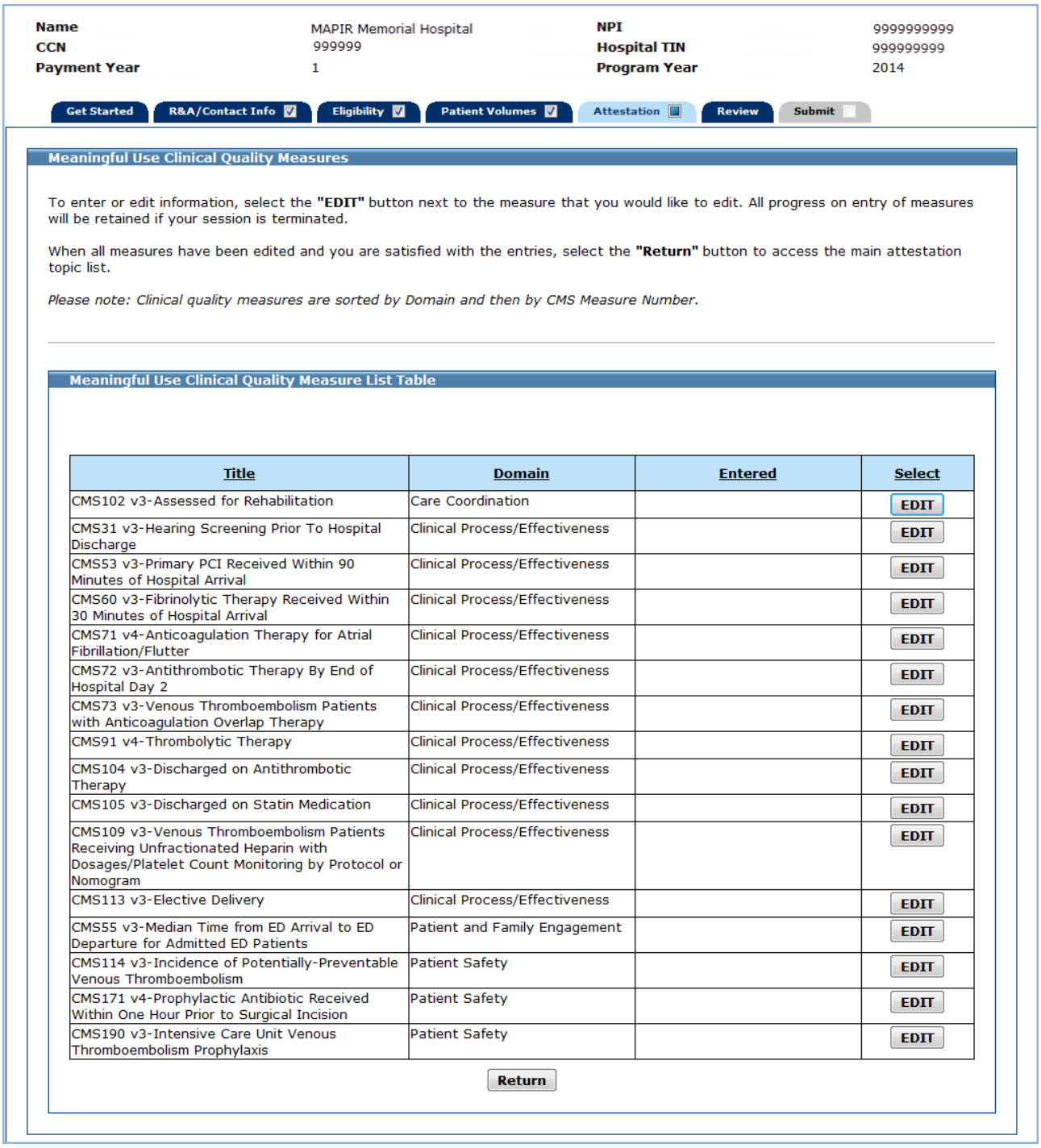
| Measure# | Domain | Title | Select |
|---|---|---|---|
| CMS32 v4 | Care Coordination | Median Time from ED Arrival to ED Departure for Discharged ED Patients | ☐ |
| CMS102 v3 | Care Coordination | Assessed for Rehabilitation | ☑ |
| CMS9 v3 | Clinical Process/Effectiveness | Exclusive Breast Milk Feeding | ☐ |
| CMS30 v4 | Clinical Process/Effectiveness | Statin Prescribed at Discharge | ☐ |
| CMS31 v3 | Clinical Process/Effectiveness | Hearing Screening Prior To Hospital Discharge | ☑ |
| CMS53 v3 | Clinical Process/Effectiveness | Primary PCI Received Within 90 Minutes of Hospital Arrival | ☑ |
| CMS60 v3 | Clinical Process/Effectiveness | Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival | ☑ |
| CMS71 v4 | Clinical Process/Effectiveness | Anticoagulation Therapy for Atrial Fibrillation/Flutter | ☑ |
| CMS72 v3 | Clinical Process/Effectiveness | Antithrombotic Therapy By End of Hospital Day 2 | ☑ |
| CMS73 v3 | Clinical Process/Effectiveness | Venous Thromboembolism Patients with Anticoagulation Overlap Therapy | ☑ |
| CMS91 v4 | Clinical Process/Effectiveness | Thrombolytic Therapy | ☑ |
| CMS100 v3 | Clinical Process/Effectiveness | Aspirin Prescribed at Discharge | ☐ |
| CMS104 v3 | Clinical Process/Effectiveness | Discharged on Antithrombotic Therapy | ☑ |
| CMS105 v3 | Clinical Process/Effectiveness | Discharged on Statin Medication | ☑ |
| CMS109 v3 | Clinical Process/Effectiveness | Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram | ☑ |
| CMS113 v3 | Clinical Process/Effectiveness | Elective Delivery | ☑ |
| CMS172 v4 | Efficient Use of Healthcare Resources | Prophylactic Antibiotic Selection for Surgical Patients | ☐ |
| CMS188 v4 | Efficient Use of Healthcare Resources | Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients | ☐ |
| CMS26 v2 | Patient and Family Engagement | Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver | ☐ |
| CMS55 v3 | Patient and Family Engagement | Median Time from ED Arrival to ED Departure for Admitted ED Patients | ☑ |
| CMS107 v3 | Patient and Family Engagement | Stroke Education | ☐ |
| CMS110 v3 | Patient and Family Engagement | Venous Thromboembolism Discharge Instructions | ☐ |
| CMS111 v3 | Patient and Family Engagement | Median Admit Decision Time to ED Departure Time for Admitted Patients | ☐ |
| CMS108 v3 | Patient Safety | Venous Thromboembolism Prophylaxis | ☐ |
| CMS114 v3 | Patient Safety | Incidence of Potentially-Preventable Venous Thromboembolism | ☑ |
| CMS171 v4 | Patient Safety | Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision | ☑ |
| CMS178 v4 | Patient Safety | Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero | ☐ |
| CMS185 v3 | Patient Safety | Healthy Term Newborn | ☐ |
| CMS190 v3 | Patient Safety | Intensive Care Unit Venous Thromboembolism Prophylaxis | ☑ |

Return | Reset | Save & Continue

The screen below displays the Meaningful Use Clinical Quality Measure Worklist Table. This screen displays the Meaningful Use Clinical Quality Measures you selected on the previous screen.

Click **Edit** to enter or edit information for the measure, or click **Return** to return to the Meaningful Use Clinical Quality Selection screen.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.



**Name** MAPIR Memorial Hospital **NPI** 9999999999
**CCN** 999999 **Hospital TIN** 999999999
**Payment Year** 1 **Program Year** 2014

Get Started | R&A/Contact Info | Eligibility | Patient Volumes | Attestation | Review | Submit

**Meaningful Use Clinical Quality Measures**

To enter or edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

*Please note: Clinical quality measures are sorted by Domain and then by CMS Measure Number.*

**Meaningful Use Clinical Quality Measure List Table**

| Title | Domain | Entered | Select |
|---|---|---|---|
| CMS102 v3-Assessed for Rehabilitation | Care Coordination | | EDIT |
| CMS31 v3-Hearing Screening Prior To Hospital Discharge | Clinical Process/Effectiveness | | EDIT |
| CMS53 v3-Primary PCI Received Within 90 Minutes of Hospital Arrival | Clinical Process/Effectiveness | | EDIT |
| CMS60 v3-Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival | Clinical Process/Effectiveness | | EDIT |
| CMS71 v4-Anticoagulation Therapy for Atrial Fibrillation/Flutter | Clinical Process/Effectiveness | | EDIT |
| CMS72 v3-Antithrombotic Therapy By End of Hospital Day 2 | Clinical Process/Effectiveness | | EDIT |
| CMS73 v3-Venous Thromboembolism Patients with Anticoagulation Overlap Therapy | Clinical Process/Effectiveness | | EDIT |
| CMS91 v4-Thrombolytic Therapy | Clinical Process/Effectiveness | | EDIT |
| CMS104 v3-Discharged on Antithrombotic Therapy | Clinical Process/Effectiveness | | EDIT |
| CMS105 v3-Discharged on Statin Medication | Clinical Process/Effectiveness | | EDIT |
| CMS109 v3-Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram | Clinical Process/Effectiveness | | EDIT |
| CMS113 v3-Elective Delivery | Clinical Process/Effectiveness | | EDIT |
| CMS55 v3-Median Time from ED Arrival to ED Departure for Admitted ED Patients | Patient and Family Engagement | | EDIT |
| CMS114 v3-Incidence of Potentially-Preventable Venous Thromboembolism | Patient Safety | | EDIT |
| CMS171 v4-Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision | Patient Safety | | EDIT |
| CMS190 v3-Intensive Care Unit Venous Thromboembolism Prophylaxis | Patient Safety | | EDIT |

Return

The following is a list of the 29 Clinical Quality Measures available for you to attest to:

| Measure Number | Clinical Quality Measure | Domain | Screen Example |
|---|---|---|---|
| CMS55 v3 | Clinical Quality Measure 1 | Patient and Family Engagement | Screen 1 |
| CMS111 v3 | Clinical Quality Measure 2 | | Screen 1 |
| CMS107 v3 | Clinical Quality Measure 8 | | Screen 3 |
| CMS110 v3 | Clinical Quality Measure 14 | | Screen 5 |
| CMS26 v2 | Clinical Quality Measure 26 | | Screen 5 |
| CMS104 v3 | Clinical Quality Measure 3 | Clinical Process/Effectiveness | Screen 2 |
| CMS71 v4 | Clinical Quality Measure 4 | | Screen 2 |
| CMS91 v4 | Clinical Quality Measure 5 | | Screen 3 |
| CMS72 v3 | Clinical Quality Measure 6 | | Screen 2 |
| CMS105 v3 | Clinical Quality Measure 7 | | Screen 2 |
| CMS73 v3 | Clinical Quality Measure 12 | | Screen 3 |
| CMS109 v3 | Clinical Quality Measure 13 | | Screen 3 |
| CMS100 v3 | Clinical Quality Measure 16 | | Screen 2 |
| CMS113 v3 | Clinical Quality Measure 17 | | Screen 3 |
| CMS60 v3 | Clinical Quality Measure 18 | | Screen 2 |
| CMS53 v3 | Clinical Quality Measure 19 | | Screen 3 |
| CMS30 v4 | Clinical Quality Measure 20 | | Screen 2 |
| CMS9 v3 | Clinical Quality Measure 27 | | Screen 3 |
| CMS31 v3 | Clinical Quality Measure 29 | | Screen 3 |
| CMS102 v3 | Clinical Quality Measure 9 | Care Coordination | Screen 3 |
| CMS32 v4 | Clinical Quality Measure 25 | | Screen 1 |

| Measure Number | Clinical Quality Measure | Domain | Screen Example |
|---|---|---|---|
| CMS108 v3 | Clinical Quality Measure 10 | Patient Safety | Screen 3 |
| CMS190 v3 | Clinical Quality Measure 11 | | Screen 2 |
| CMS114 v3 | Clinical Quality Measure 15 | | Screen 3 |
| CMS171 v4 | Clinical Quality Measure 22 | | Screen 4 |
| CMS178 v4 | Clinical Quality Measure 24 | | Screen 3 |
| CMS185 v3 | Clinical Quality Measure 28 | | Screen 3 |
| CMS188 v4 | Clinical Quality Measure 21 | Efficient Use of Healthcare Resources | Screen 4 |
| CMS172 v4 | Clinical Quality Measure 23 | | Screen 4 |

## ***ATTESTATION (cont.)***

### Meaningful Use – Clinical Quality Measures

There are 29 Meaningful Use Clinical Quality Measure screens. As you proceed through the Meaningful Use Clinical Quality Measure section of MAPIR, you will see five different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Clinical Quality Measure, **click on the link provided above the blue instruction box.**

**Screen 1**

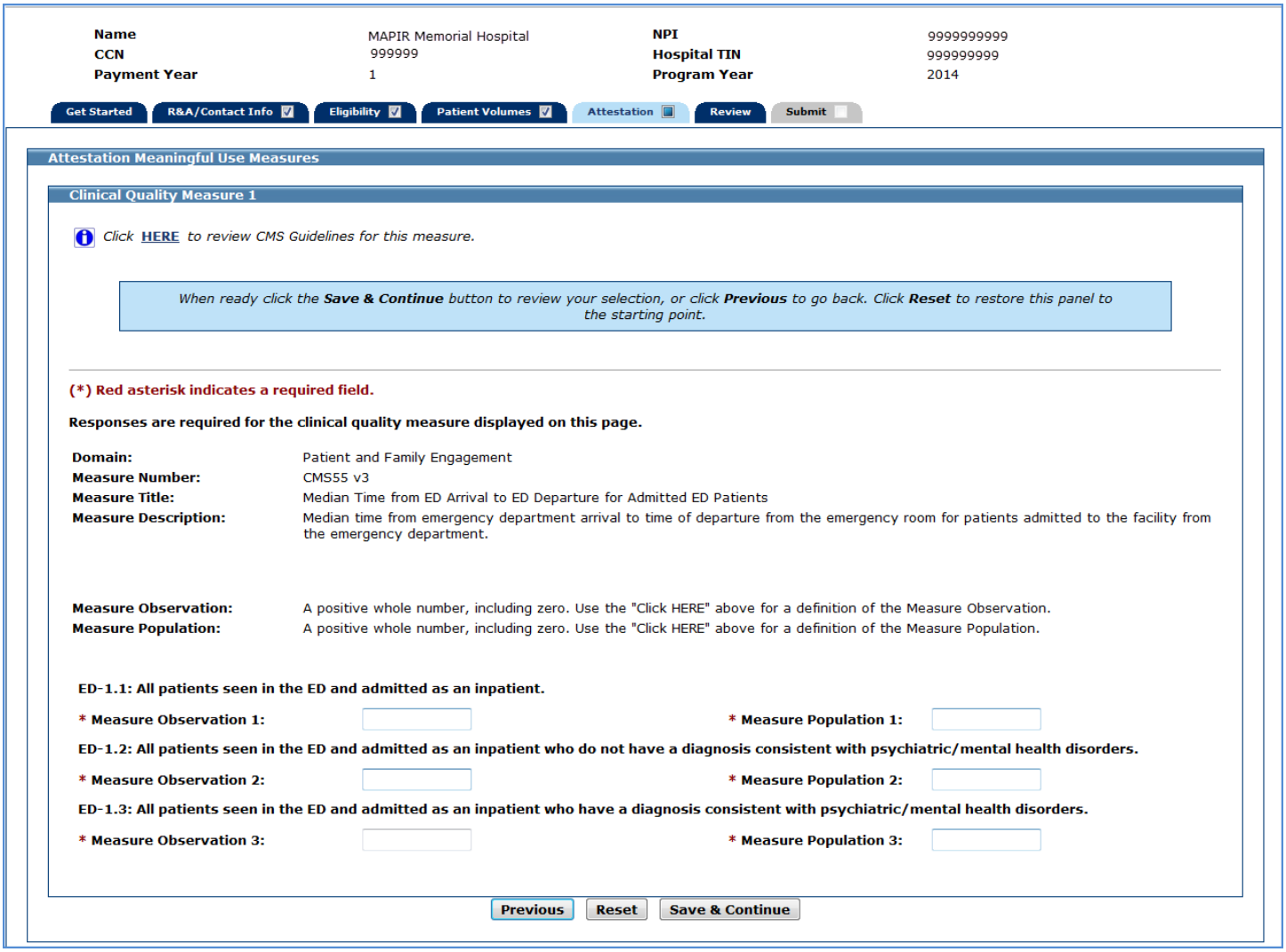
The following Measure Numbers use this screen layout:

**CMS55v3, CMS111v3, and CMS32v4**

To view more details about any of these measures, click the *here* link located on the screen.
Please complete all required fields (*).

The denominator and numerator entries must be positive whole numbers, including zeros.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore the panel to the starting point.


Name
MAPIR Memorial Hospital
NPI
9999999999
CCN
999999
Hospital TIN
999999999
Payment Year
1
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Clinical Quality Measure 1
Click HERE to review CMS Guidelines for this measure.
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Responses are required for the clinical quality measure displayed on this page.
Domain:
Patient and Family Engagement
Measure Number:
CMS55 v3
Measure Title:
Median Time from ED Arrival to ED Departure for Admitted ED Patients
Measure Description:
Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.
Measure Observation:
A positive whole number, including zero. Use the "Click HERE" above for a definition of the Measure Observation.
Measure Population:
A positive whole number, including zero. Use the "Click HERE" above for a definition of the Measure Population.
ED-1.1: All patients seen in the ED and admitted as an inpatient.
* Measure Observation 1:
* Measure Population 1:
ED-1.2: All patients seen in the ED and admitted as an inpatient who do not have a diagnosis consistent with psychiatric/mental health disorders.
* Measure Observation 2:
* Measure Population 2:
ED-1.3: All patients seen in the ED and admitted as an inpatient who have a diagnosis consistent with psychiatric/mental health disorders.
* Measure Observation 3:
* Measure Population 3:
Previous
Reset
Save & Continue

## *ATTESTATION (cont.)*

### Meaningful Use – Clinical Quality Measures

#### Screen 2

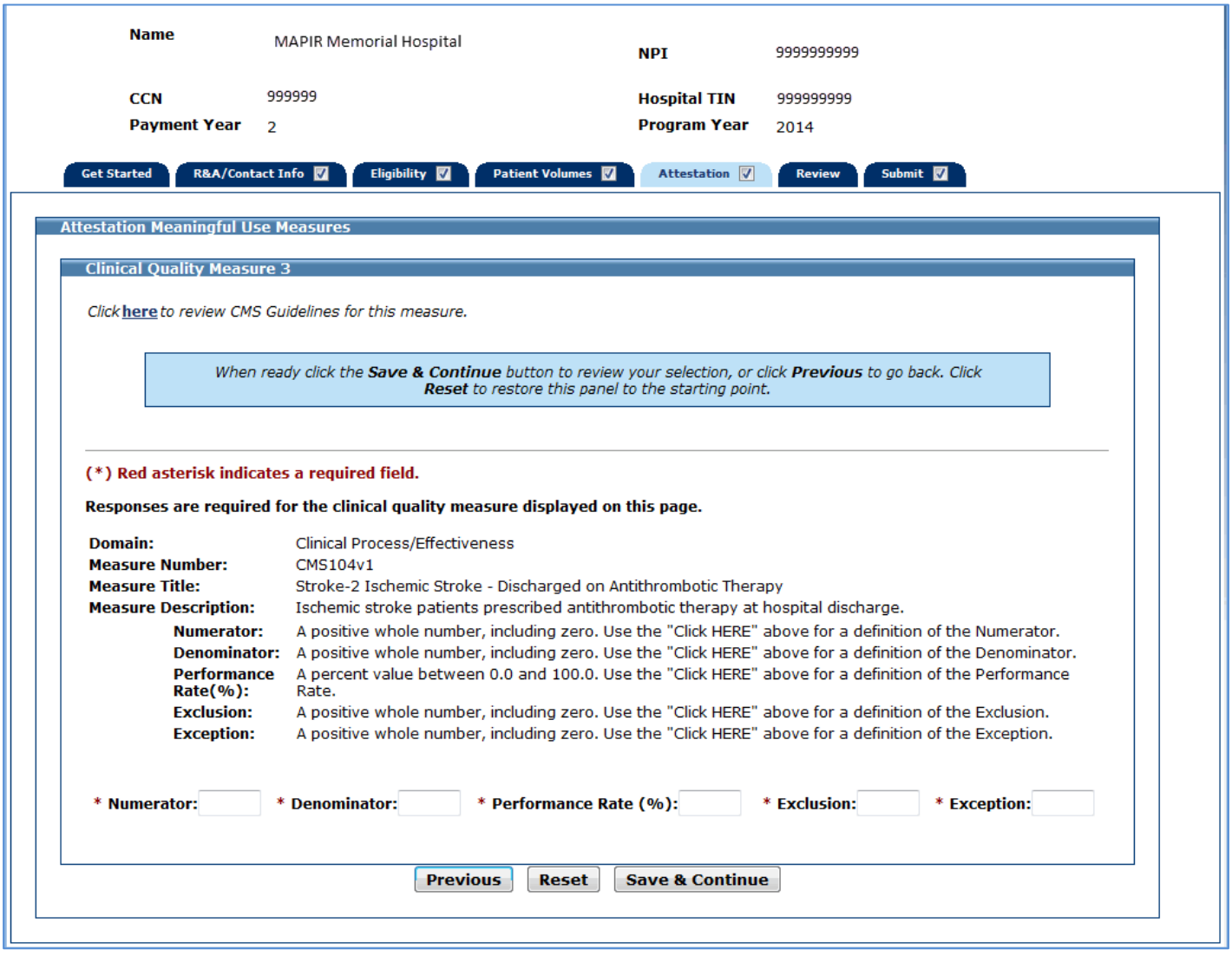
The following Measure Numbers use this screen layout:

**CMS104v3, CMS71v4, CMS72v3, CMS105v3, CMS190v3, and CMS30v4, CMS100v3, CMS60v3**

To view more details about any of these measures, click the *here* link located on the screen.
Please complete all required fields (*).

The denominator, numerator, and exclusion entries must be positive whole numbers (including zero).

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore the panel to the starting point.


Name
MAPIR Memorial Hospital
NPI
9999999999
CCN
999999
Hospital TIN
999999999
Payment Year
2
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Clinical Quality Measure 3
Click here to review CMS Guidelines for this measure.
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Responses are required for the clinical quality measure displayed on this page.
Domain:
Clinical Process/Effectiveness
Measure Number:
CMS104v1
Measure Title:
Stroke-2 Ischemic Stroke - Discharged on Antithrombotic Therapy
Measure Description:
Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.
Numerator:
A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:
A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):
A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:
A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.
Exception:
A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exception.
* Numerator:
* Denominator:
* Performance Rate (%):
* Exclusion:
* Exception:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Clinical Quality Measures

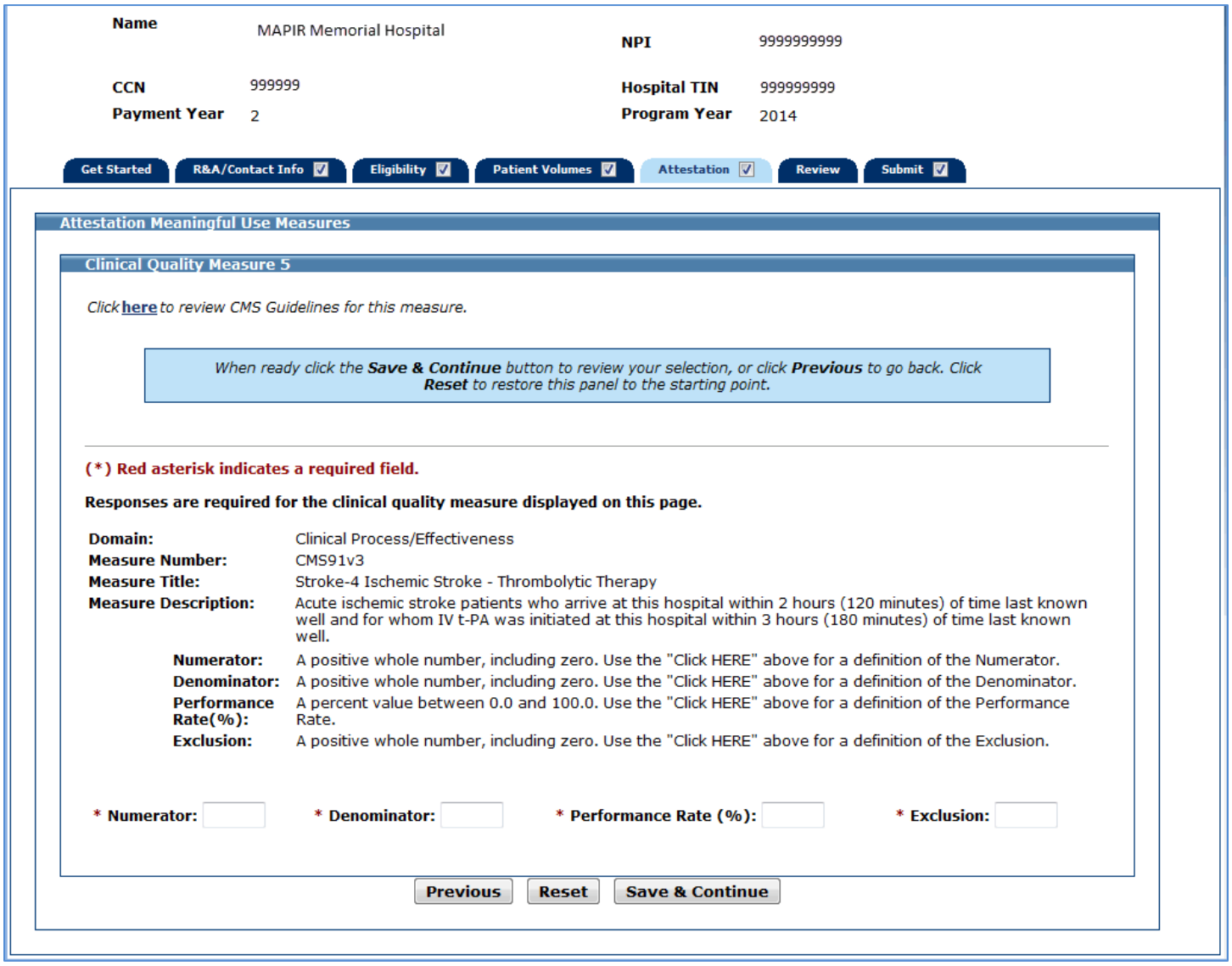
#### Screen 3

The following Measure Numbers use this screen layout:

**CMS91 v4, CMS107 v3, CMS102 v3, CMS108 v3, CMS73 3, CMS109 v3, CMS114 v3, CMS113 v3, CMS53 v3, CMS178 v4, CMS9 v3, CMS185 v3, and CMS31 v3**

To view more details about any of these measures, click the *here* link located on the screen.
Please complete all required fields (*).
The denominator, numerator, and exclusion entries must be positive whole numbers (including zero).

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore the panel to the starting point.


Name
MAPIR Memorial Hospital
NPI
9999999999
CCN
999999
Hospital TIN
999999999
Payment Year
2
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Clinical Quality Measure 5
Click here to review CMS Guidelines for this measure.
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Responses are required for the clinical quality measure displayed on this page.
Domain:
Clinical Process/Effectiveness
Measure Number:
CMS91v3
Measure Title:
Stroke-4 Ischemic Stroke - Thrombolytic Therapy
Measure Description:
Acute ischemic stroke patients who arrive at this hospital within 2 hours (120 minutes) of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours (180 minutes) of time last known well.
Numerator:
A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:
A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):
A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:
A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.
* Numerator:
* Denominator:
* Performance Rate (%):
* Exclusion:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Clinical Quality Measures

#### Screen 4

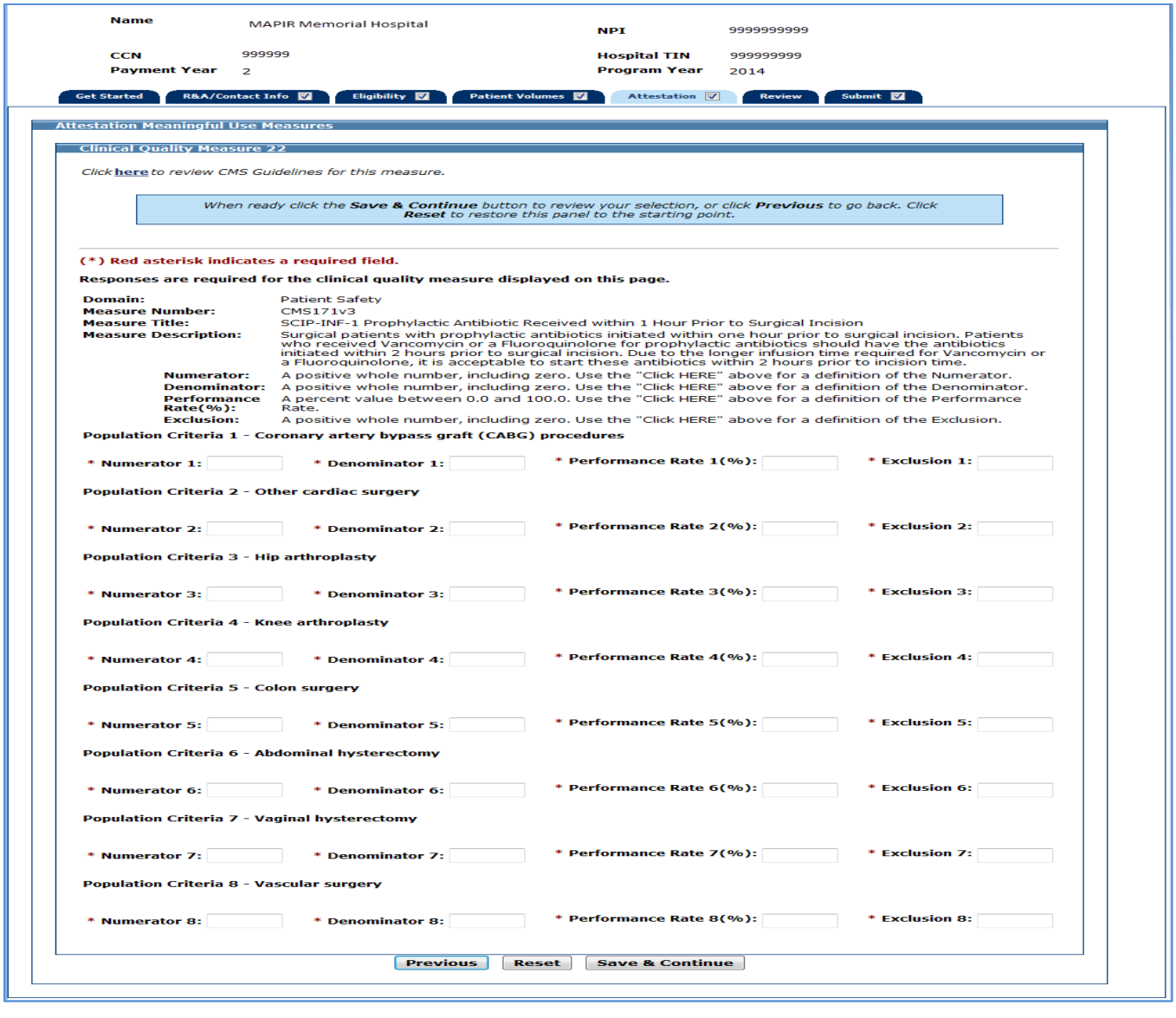
The following Measure Numbers use this screen layout:

**CMS171v4, CMS188v3, and CMS172v4**

To view more details about either of these measures, click the *here* link located on the screen. Please complete all required fields (*).

The denominator, numerator, and exclusion entries must be positive whole numbers (including zero).

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore the panel to the starting point.


Name MAPIR Memorial Hospital
NPI 9999999999
CCN 999999
Hospital TIN 999999999
Payment Year 2
Program Year 2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Clinical Quality Measure 22
Click here to review CMS Guidelines for this measure.
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Responses are required for the clinical quality measure displayed on this page.
Domain: Patient Safety
Measure Number: CMS171v3
Measure Title: SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision
Measure Description: Surgical patients with prophylactic antibiotics initiated within one hour prior to surgical incision. Patients who received Vancomycin or a Fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within 2 hours prior to surgical incision. Due to the longer infusion time required for Vancomycin or a Fluoroquinolone, it is acceptable to start these antibiotics within 2 hours prior to incision time.
Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.
Population Criteria 1 - Coronary artery bypass graft (CABG) procedures
* Numerator 1: * Denominator 1: * Performance Rate 1(%): * Exclusion 1:
Population Criteria 2 - Other cardiac surgery
* Numerator 2: * Denominator 2: * Performance Rate 2(%): * Exclusion 2:
Population Criteria 3 - Hip arthroplasty
* Numerator 3: * Denominator 3: * Performance Rate 3(%): * Exclusion 3:
Population Criteria 4 - Knee arthroplasty
* Numerator 4: * Denominator 4: * Performance Rate 4(%): * Exclusion 4:
Population Criteria 5 - Colon surgery
* Numerator 5: * Denominator 5: * Performance Rate 5(%): * Exclusion 5:
Population Criteria 6 - Abdominal hysterectomy
* Numerator 6: * Denominator 6: * Performance Rate 6(%): * Exclusion 6:
Population Criteria 7 - Vaginal hysterectomy
* Numerator 7: * Denominator 7: * Performance Rate 7(%): * Exclusion 7:
Population Criteria 8 - Vascular surgery
* Numerator 8: * Denominator 8: * Performance Rate 8(%): * Exclusion 8:
Previous
Reset
Save & Continue

## ***ATTESTATION (cont.)***

### Meaningful Use – Clinical Quality Measures

#### Screen 5

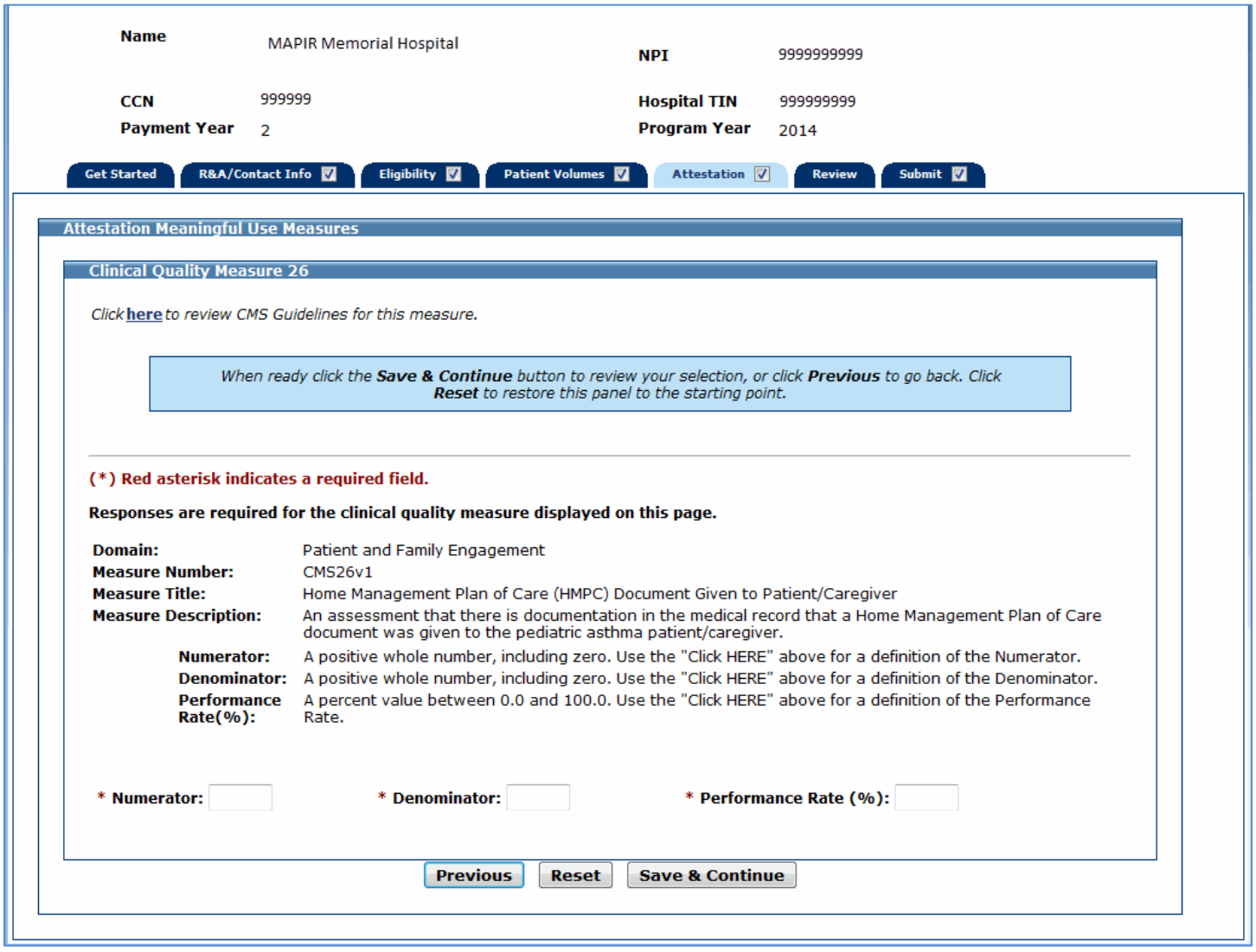
This screen layout is only used for Measure Number **CMS26 v2 and CMS110 v3.**

To view more details about this measure, click the *here* link located on the screen.

Please complete all required fields (*).

The denominator, numerator, and exclusion entries must be positive whole numbers (including zero).

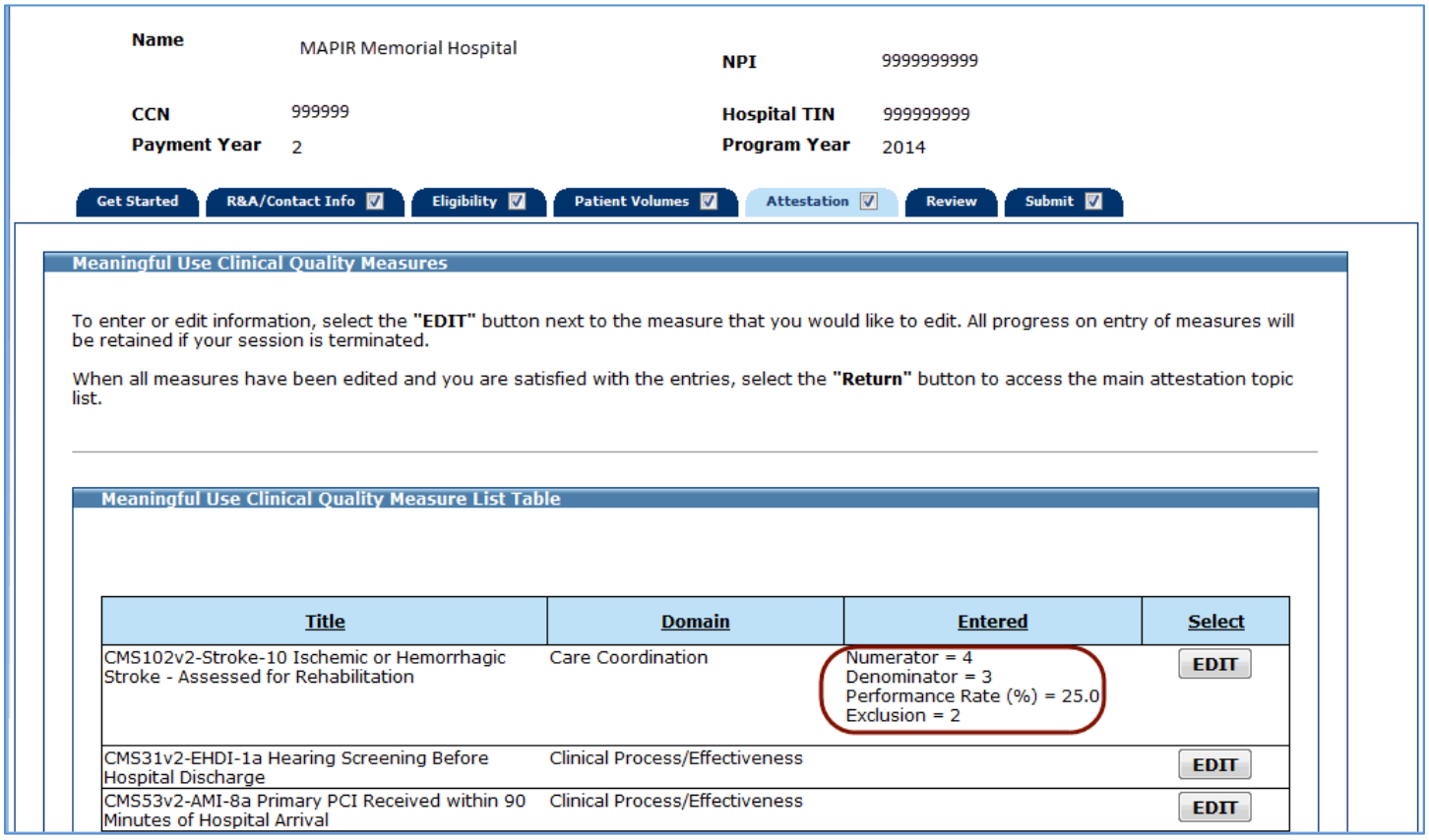
Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore the panel to the starting point.


Name
MAPIR Memorial Hospital
NPI
9999999999
CCN
999999
Hospital TIN
999999999
Payment Year
2
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
Clinical Quality Measure 26
Click here to review CMS Guidelines for this measure.
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
Responses are required for the clinical quality measure displayed on this page.
Domain:
Patient and Family Engagement
Measure Number:
CMS26v1
Measure Title:
Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver
Measure Description:
An assessment that there is documentation in the medical record that a Home Management Plan of Care document was given to the pediatric asthma patient/caregiver.
Numerator:
A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:
A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate(%):
A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
* Numerator:
* Denominator:
* Performance Rate (%):
Previous
Reset
Save & Continue

After you enter information for a measure and click **Save & Continue**, you will be returned to the Clinical Quality Measure List Table. The information you entered for that measure will display in the Entered column of the table as shown in the example below (please note that the entire screen is not displayed in this example).

You can continue to edit the measures at any point prior to submitting the application.

Click the **Edit** button for the next measure.



The screens on the following pages display the Meaningful Use Quality Measures Worklist Table with data entered for every measure selected to attest to.

This is screen 1 of 2 of the Meaningful Use Quality Measures Worklist Table.

| | | | |
|---|---|---|---|
| **Name** | MAPIR Memorial Hospital | **NPI** | 9999999999 |
| **CCN** | 999999 | **Hospital TIN** | 999999999 |
| **Payment Year** | 1 | **Program Year** | 2014 |

Get Started | R&A/Contact Info ☑ | Eligibility ☑ | Patient Volumes ☑ | Attestation ■ | Review | Submit

**Meaningful Use Clinical Quality Measures**

To enter or edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

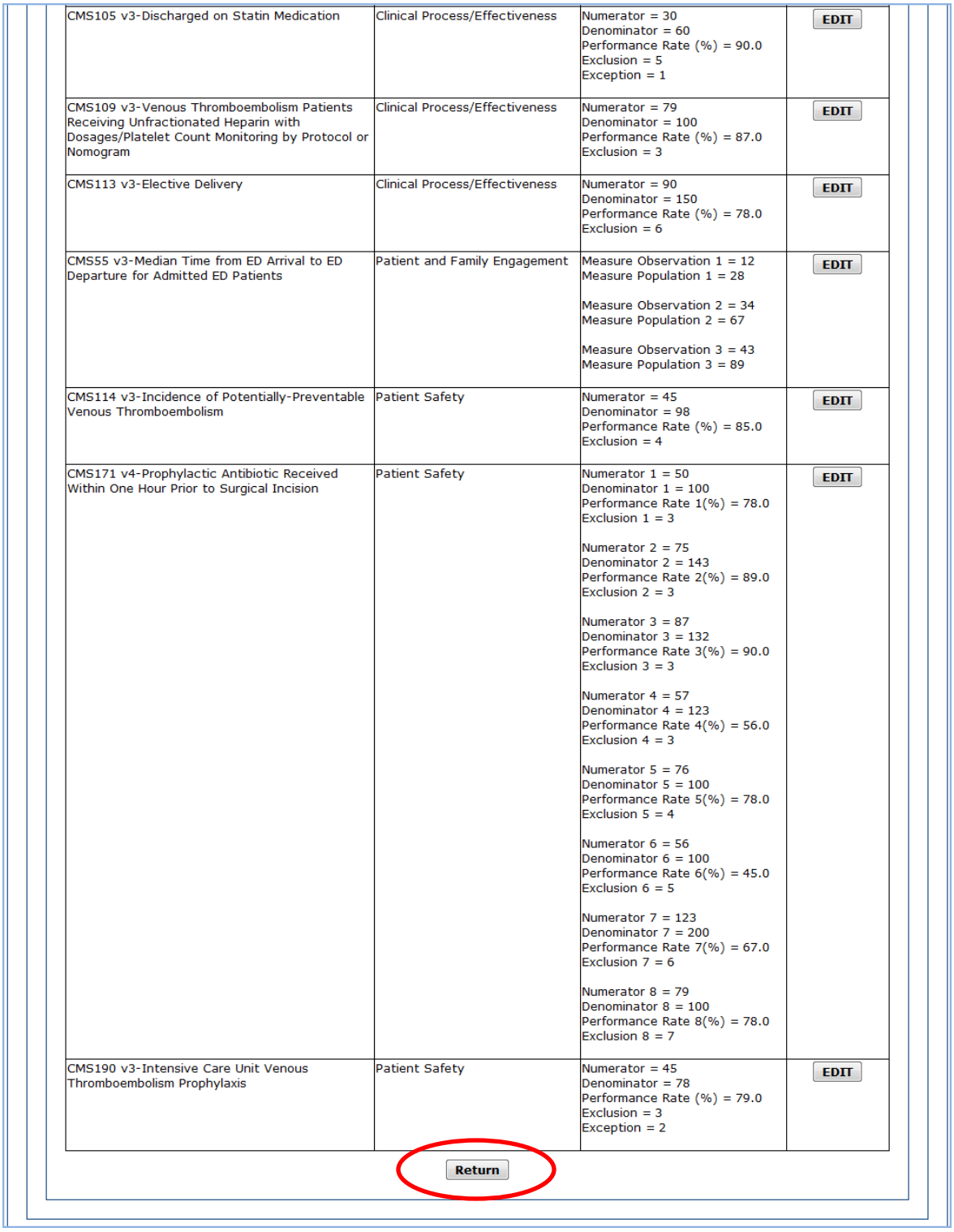
When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

*Please note: Clinical quality measures are sorted by Domain and then by CMS Measure Number.*

**Meaningful Use Clinical Quality Measure List Table**

| Title | Domain | Entered | Select |
|---|---|---|---|
| CMS102 v3-Assessed for Rehabilitation | Care Coordination | Numerator = 4<br>Denominator = 3<br>Performance Rate (%) = 25.0<br>Exclusion = 2 | EDIT |
| CMS31 v3-Hearing Screening Prior To Hospital Discharge | Clinical Process/Effectiveness | Numerator = 100<br>Denominator = 200<br>Performance Rate (%) = 50.0<br>Exclusion = 5 | EDIT |
| CMS53 v3-Primary PCI Received Within 90 Minutes of Hospital Arrival | Clinical Process/Effectiveness | Numerator = 100<br>Denominator = 200<br>Performance Rate (%) = 50.0<br>Exclusion = 7 | EDIT |
| CMS60 v3-Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival | Clinical Process/Effectiveness | Numerator = 120<br>Denominator = 130<br>Performance Rate (%) = 45.0<br>Exclusion = 3<br>Exception = 9 | EDIT |
| CMS71 v4-Anticoagulation Therapy for Atrial Fibrillation/Flutter | Clinical Process/Effectiveness | Numerator = 50<br>Denominator = 100<br>Performance Rate (%) = 56.0<br>Exclusion = 3<br>Exception = 5 | EDIT |
| CMS72 v3-Antithrombotic Therapy By End of Hospital Day 2 | Clinical Process/Effectiveness | Numerator = 28<br>Denominator = 45<br>Performance Rate (%) = 56.0<br>Exclusion = 7<br>Exception = 8 | EDIT |
| CMS73 v3-Venous Thromboembolism Patients with Anticoagulation Overlap Therapy | Clinical Process/Effectiveness | Numerator = 230<br>Denominator = 450<br>Performance Rate (%) = 35.0<br>Exclusion = 9 | EDIT |
| CMS91 v4-Thrombolytic Therapy | Clinical Process/Effectiveness | Numerator = 90<br>Denominator = 100<br>Performance Rate (%) = 79.0<br>Exception = 4 | EDIT |
| CMS104 v3-Discharged on Antithrombotic Therapy | Clinical Process/Effectiveness | Numerator = 240<br>Denominator = 500<br>Performance Rate (%) = 89.0<br>Exclusion = 5<br>Exception = 8 | EDIT |

This is screen 1 of 2 of the Meaningful Use Quality Measures Worklist Table.



| | | | |
|---|---|---|---|
| CMS105 v3-Discharged on Statin Medication | Clinical Process/Effectiveness | Numerator = 30<br>Denominator = 60<br>Performance Rate (%) = 90.0<br>Exclusion = 5<br>Exception = 1 | EDIT |
| CMS109 v3-Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram | Clinical Process/Effectiveness | Numerator = 79<br>Denominator = 100<br>Performance Rate (%) = 87.0<br>Exclusion = 3 | EDIT |
| CMS113 v3-Elective Delivery | Clinical Process/Effectiveness | Numerator = 90<br>Denominator = 150<br>Performance Rate (%) = 78.0<br>Exclusion = 6 | EDIT |
| CMS55 v3-Median Time from ED Arrival to ED Departure for Admitted ED Patients | Patient and Family Engagement | Measure Observation 1 = 12<br>Measure Population 1 = 28<br><br>Measure Observation 2 = 34<br>Measure Population 2 = 67<br><br>Measure Observation 3 = 43<br>Measure Population 3 = 89 | EDIT |
| CMS114 v3-Incidence of Potentially-Preventable Venous Thromboembolism | Patient Safety | Numerator = 45<br>Denominator = 98<br>Performance Rate (%) = 85.0<br>Exclusion = 4 | EDIT |
| CMS171 v4-Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision | Patient Safety | Numerator 1 = 50<br>Denominator 1 = 100<br>Performance Rate 1(%) = 78.0<br>Exclusion 1 = 3<br><br>Numerator 2 = 75<br>Denominator 2 = 143<br>Performance Rate 2(%) = 89.0<br>Exclusion 2 = 3<br><br>Numerator 3 = 87<br>Denominator 3 = 132<br>Performance Rate 3(%) = 90.0<br>Exclusion 3 = 3<br><br>Numerator 4 = 57<br>Denominator 4 = 123<br>Performance Rate 4(%) = 56.0<br>Exclusion 4 = 3<br><br>Numerator 5 = 76<br>Denominator 5 = 100<br>Performance Rate 5(%) = 78.0<br>Exclusion 5 = 4<br><br>Numerator 6 = 56<br>Denominator 6 = 100<br>Performance Rate 6(%) = 45.0<br>Exclusion 6 = 5<br><br>Numerator 7 = 123<br>Denominator 7 = 200<br>Performance Rate 7(%) = 67.0<br>Exclusion 7 = 6<br><br>Numerator 8 = 79<br>Denominator 8 = 100<br>Performance Rate 8(%) = 78.0<br>Exclusion 8 = 7 | EDIT |
| CMS190 v3-Intensive Care Unit Venous Thromboembolism Prophylaxis | Patient Safety | Numerator = 45<br>Denominator = 78<br>Performance Rate (%) = 79.0<br>Exclusion = 3<br>Exception = 2 | EDIT |

Return

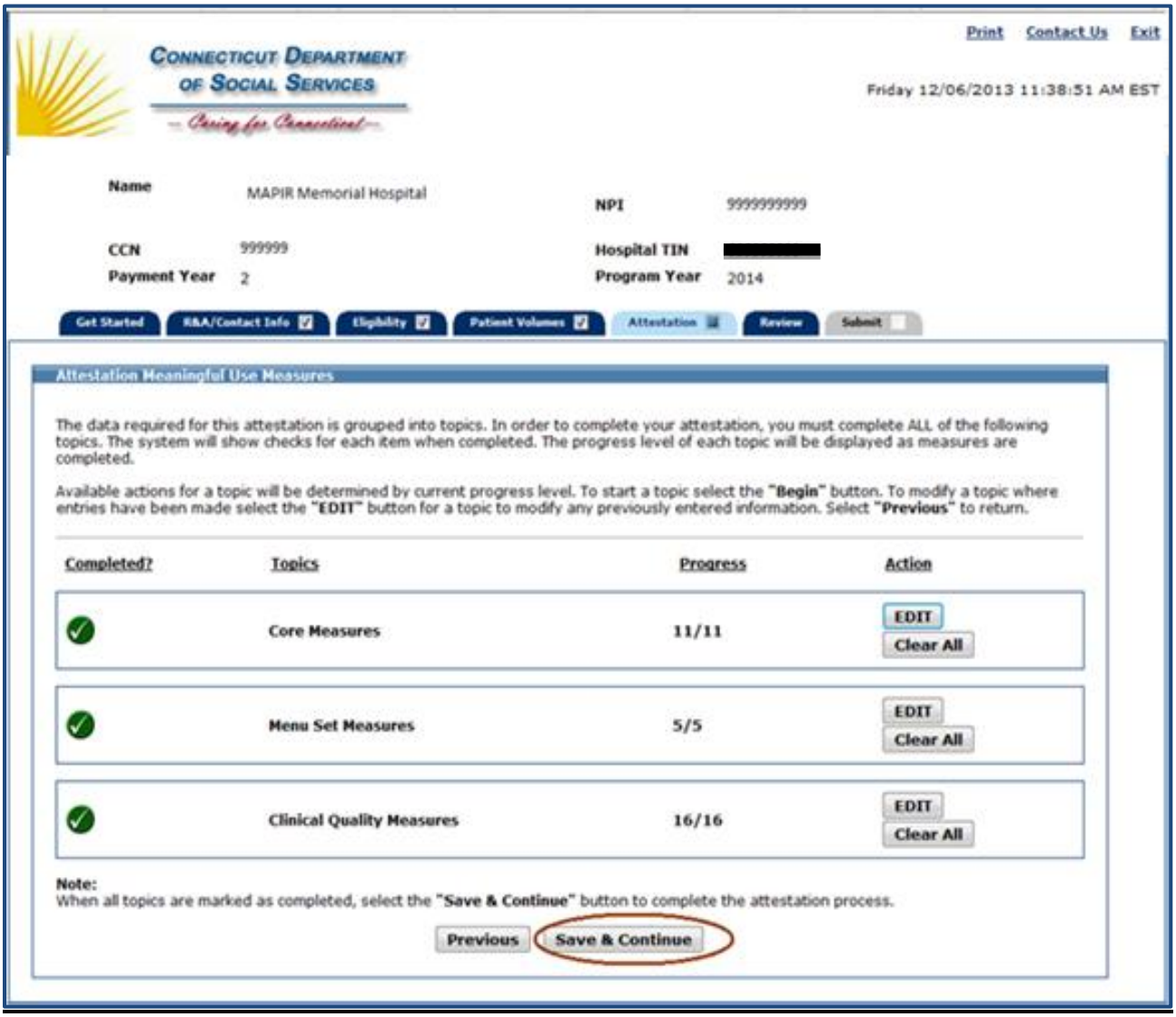
Click **Return** to return to the Meaningful Use Clinical Quality Selection screen.

From the Meaningful Use Clinical Quality Selection screen, click **Return** to return to the Measure Topic List.

### *Stage 1*

This screen displays the Measures Topic List for **Stage 1** with all three Meaningful Use Measure topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Measures you attested to.

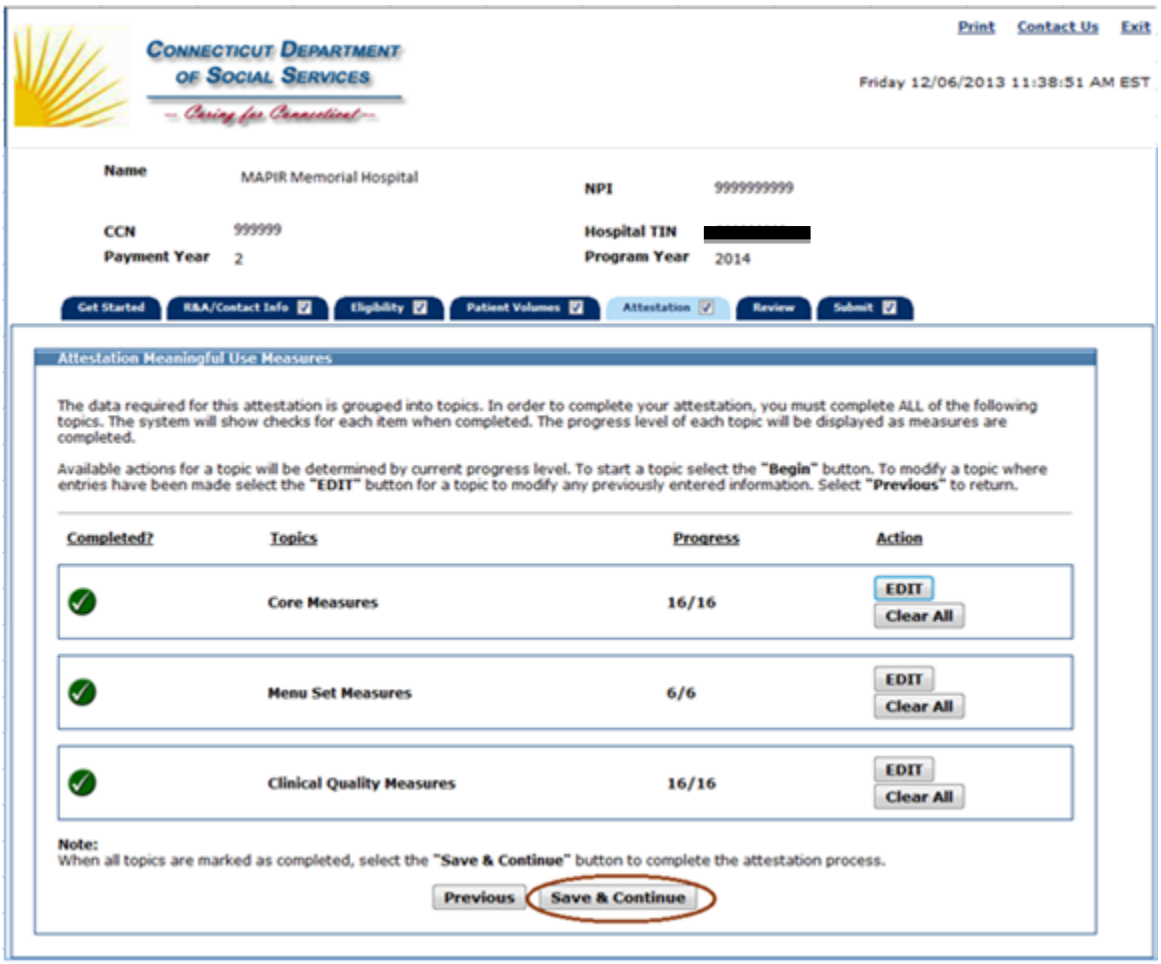
For Stage 1, proceed to the Meaningful Use Measures Summary screen on page 106.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Friday 12/06/2013 11:38:51 AM EST
Name
MAPIR Memorial Hospital
NPI
9999999999
CCN
999999
Hospital TIN
Payment Year
2
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures are completed.
Available actions for a topic will be determined by current progress level. To start a topic select the "Begin" button. To modify a topic where entries have been made select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.
Completed?
Topics
Progress
Action
Core Measures
11/11
EDIT
Clear All
Menu Set Measures
5/5
EDIT
Clear All
Clinical Quality Measures
16/16
EDIT
Clear All
Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.
Previous
Save & Continue

### *Stage 2*

This screen displays the Measures Topic List for **Stage 2** with all three Meaningful Use Measure topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Measures you attested to.

For Stage 2, proceed to the Meaningful Use Measures Summary screen on page 137.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Friday 12/06/2013 11:38:51 AM EST
Name
MAPIR Memorial Hospital
NPI
9999999999
CCN
999999
Hospital TIN
Payment Year
2
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Meaningful Use Measures
The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. The system will show checks for each item when completed. The progress level of each topic will be displayed as measures are completed.
Available actions for a topic will be determined by current progress level. To start a topic select the "Begin" button. To modify a topic where entries have been made select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.
Completed?
Topics
Progress
Action
Core Measures
16/16
EDIT
Clear All
Menu Set Measures
6/6
EDIT
Clear All
Clinical Quality Measures
16/16
EDIT
Clear All
Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.
Previous
Save & Continue

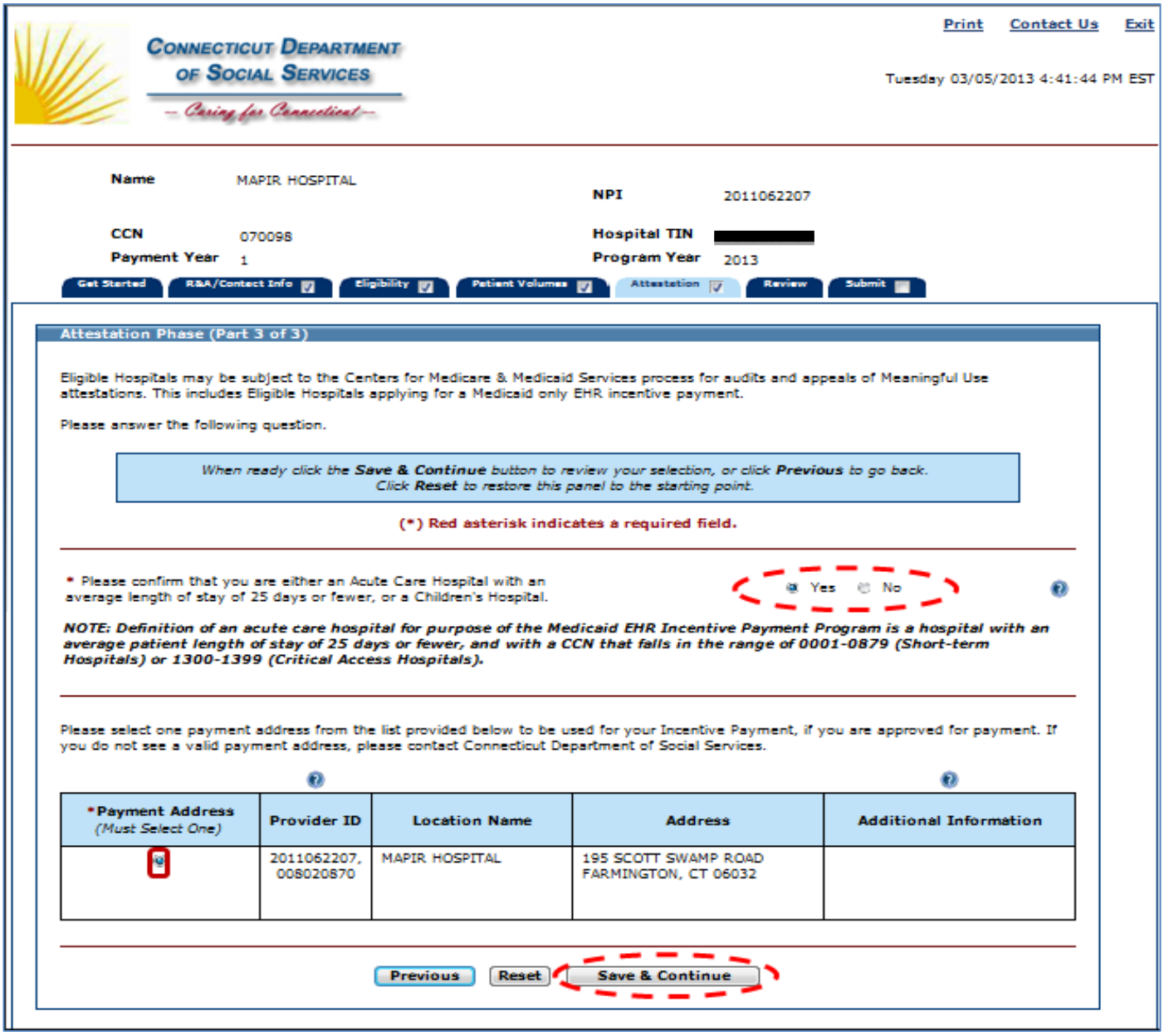
## ***Attestation Phase (Part 3 of 3)***

Part 3 of 3 of the Attestation Phase contains questions regarding the average length of stay for your facility and confirmation of the address to which the incentive payment will be sent.

Click **Yes** to confirm you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital.

Click the **Payment Address** from the list below to be used for your Incentive Payment, contingent on approval for payment.

Click **Save & Continue** to proceed to Final Attestation or **Previous** to return, or **Reset** to clear all data.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Tuesday 03/05/2013 4:41:44 PM EST
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Payment Year 1
Program Year 2013
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Attestation Phase (Part 3 of 3)
Eligible Hospitals may be subject to the Centers for Medicare & Medicaid Services process for audits and appeals of Meaningful Use attestations. This includes Eligible Hospitals applying for a Medicaid only EHR incentive payment.
Please answer the following question.
When ready click the Save & Continue button to review your selection, or click Previous to go back.
Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
* Please confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital.
Yes
No
NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program is a hospital with an average patient length of stay of 25 days or fewer, and with a CCN that falls in the range of 0001-0879 (Short-term Hospitals) or 1300-1399 (Critical Access Hospitals).
Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact Connecticut Department of Social Services.
*Payment Address (Must Select One)
Provider ID
Location Name
Address
Additional Information
2011062207, 008020870
MAPIR HOSPITAL
195 SCOTT SWAMP ROAD FARMINGTON, CT 06032
Previous
Reset
Save & Continue

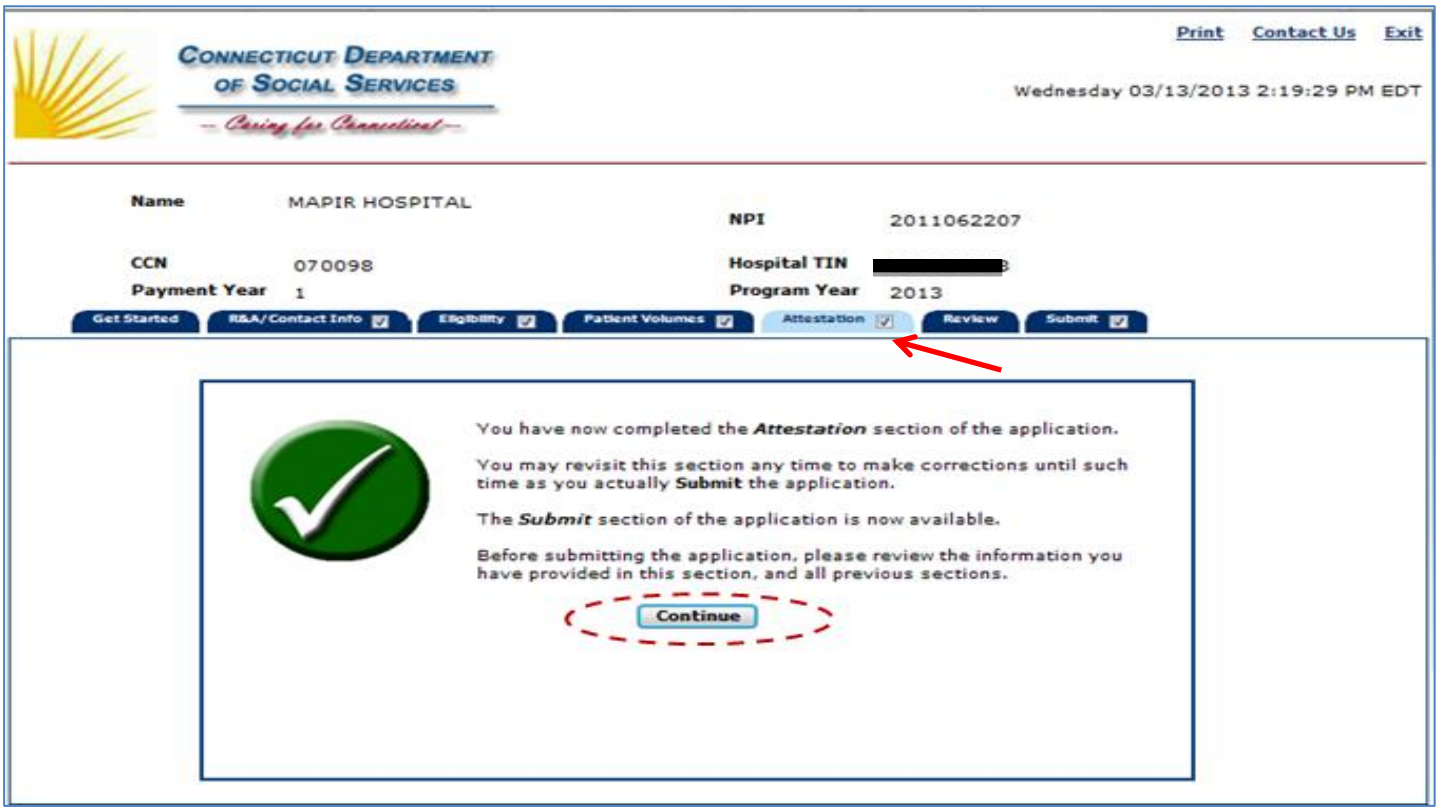
## ***ATTESTATION (cont.)***

### Attestation Phase (Part 3 of 3)

This screen confirms you successfully completed the **Upgrade Phase of the Attestation** tab.

Note the check box in the **Attestation** tab.

Click **Continue** to proceed to the **Review** section.



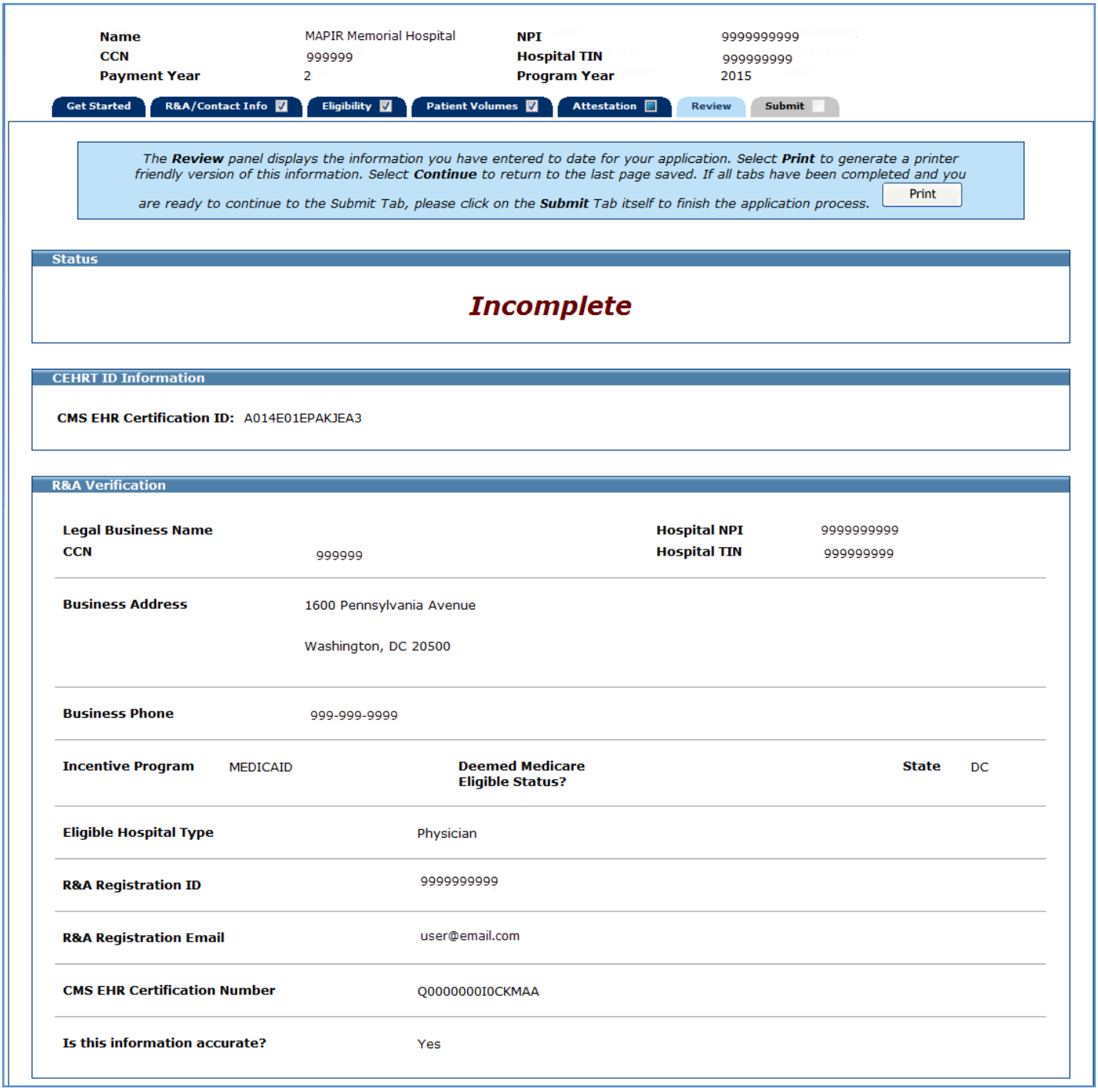
## ***Review Application***

The Review section allows you to review all information you entered into your application. If you find errors, you can click the associated tab and proceed to correct the information. When you have corrected the information you can click the **Review** tab to return to this section. From this screen you can print a printer-friendly copy of your application for review. Please review all information carefully before proceeding to the Submit section. Once your application is submitted you will not have the opportunity to change it.

Click **Print** to generate a printer-friendly version of this information.

NOTE: If the Continue button is pressed, it will take the applicant to where they left off on the previous tabs or, if done with the previous tabs, it will take the applicant to the **Submit** tab.

This is screen 1 of 3 of the Review tab display


Name MAPIR Memorial Hospital
NPI 9999999999
CCN 999999
Hospital TIN 999999999
Payment Year 2
Program Year 2015
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
The Review panel displays the information you have entered to date for your application. Select Print to generate a printer friendly version of this information. Select Continue to return to the last page saved. If all tabs have been completed and you are ready to continue to the Submit Tab, please click on the Submit Tab itself to finish the application process.
Print
Status
Incomplete
CEHRT ID Information
CMS EHR Certification ID: A014E01EPAKJEA3
R&A Verification
Legal Business Name
Hospital NPI 9999999999
CCN 999999
Hospital TIN 999999999
Business Address 1600 Pennsylvania Avenue
Washington, DC 20500
Business Phone 999-999-9999
Incentive Program MEDICAID
Deemed Medicare Eligible Status?
State DC
Eligible Hospital Type Physician
R&A Registration ID 9999999999
R&A Registration Email user@email.com
CMS EHR Certification Number Q0000000I0CKMAA
Is this information accurate? Yes

## ***REVIEW (cont.)***

This is screen 2 of 3 of the Review tab display.

**Primary Contact Information**

| | |
|---|---|
| **First Name** | Hospital |
| **Last Name** | Provider |
| **Phone** | 899-999-9999 |
| **Phone Extension** | 99999 |
| **Email Address** | hospital@preparer.com |
| **Department** | EHR Dept. |
| **Address** | 888 Street<br>City, PA 89765 |

**Alternate Contact Information**

| | |
|---|---|
| **First Name** | Alternate |
| **Last Name** | Contact |
| **Phone** | 777-777-7777 |
| **Phone Extension** | 77777 |
| **Email Address** | any.email@email.com |

**Eligibility Questions**

| | |
|---|---|
| Please confirm that you are choosing the Medicaid incentive program. | **Yes** |
| Do you have any sanctions or pending sanctions with Medicare or Medicaid in Colorado? | **No** |
| Is your facility licensed to operate in all states in which services are rendered? | **Yes** |

**Patient Volume (Part 1 of 3) – 90 Day Reporting Period**

**Start Date:** Feb 12, 2014
**End Date:** May 12, 2014

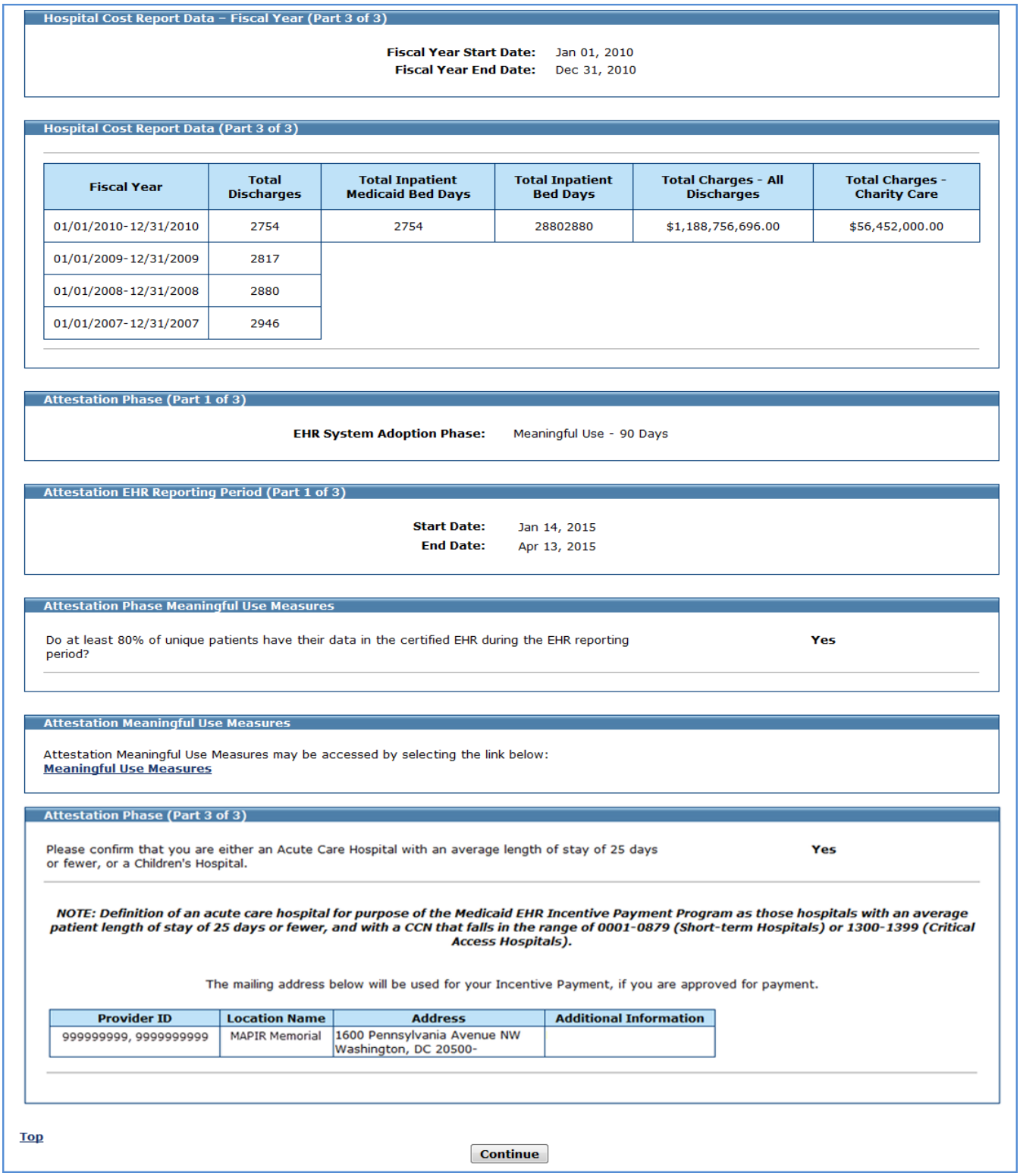
**Patient Volume (Part 2 of 3) – Enter Volume**

| Provider ID | Location Name | Address | Encounter Volumes | | % Medicaid Discharges |
|---|---|---|---|---|---|
| 9999999999 | Smith Grace L | 740 E State St<br>Sharon, PA 16146-3395 | ***In State Medicaid:***<br>***Other Medicaid:***<br>***Total Discharges:*** | 883<br>0<br>8600 | 10% |
| N/A | New Location | 123 Main Street<br>Anytown, AL 12345 | ***In State Medicaid:***<br>***Other Medicaid:***<br>***Total Discharges:*** | 200<br>500<br>1000 | 70% |

| Sum In-State Medicaid Volume | Sum Other Medicaid Volume | Total Discharges Sum Denominator | Total % |
|---|---|---|---|
| 1083 | 500 | 9600 | 16% |

## ***REVIEW (cont.)***

This is screen 3 of 3 of the Review tab display.



**Hospital Cost Report Data – Fiscal Year (Part 3 of 3)**

**Fiscal Year Start Date:** Jan 01, 2010
**Fiscal Year End Date:** Dec 31, 2010

**Hospital Cost Report Data (Part 3 of 3)**

| Fiscal Year | Total Discharges | Total Inpatient Medicaid Bed Days | Total Inpatient Bed Days | Total Charges - All Discharges | Total Charges - Charity Care |
|---|---|---|---|---|---|
| 01/01/2010-12/31/2010 | 2754 | 2754 | 28802880 | $1,188,756,696.00 | $56,452,000.00 |
| 01/01/2009-12/31/2009 | 2817 | | | | |
| 01/01/2008-12/31/2008 | 2880 | | | | |
| 01/01/2007-12/31/2007 | 2946 | | | | |

**Attestation Phase (Part 1 of 3)**

**EHR System Adoption Phase:** Meaningful Use - 90 Days

**Attestation EHR Reporting Period (Part 1 of 3)**

**Start Date:** Jan 14, 2015
**End Date:** Apr 13, 2015

**Attestation Phase Meaningful Use Measures**

Do at least 80% of unique patients have their data in the certified EHR during the EHR reporting period? **Yes**

**Attestation Meaningful Use Measures**

Attestation Meaningful Use Measures may be accessed by selecting the link below:
Meaningful Use Measures

**Attestation Phase (Part 3 of 3)**

Please confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital. **Yes**

***NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program as those hospitals with an average patient length of stay of 25 days or fewer, and with a CCN that falls in the range of 0001-0879 (Short-term Hospitals) or 1300-1399 (Critical Access Hospitals).***

The mailing address below will be used for your Incentive Payment, if you are approved for payment.

| Provider ID | Location Name | Address | Additional Information |
|---|---|---|---|
| 999999999, 9999999999 | MAPIR Memorial | 1600 Pennsylvania Avenue NW<br>Washington, DC 20500- | |

Top

Continue

## ***Submit Your Application***

In this section you will able to review the information that you submitted in MAPIR and upload documentation supporting our attestation.

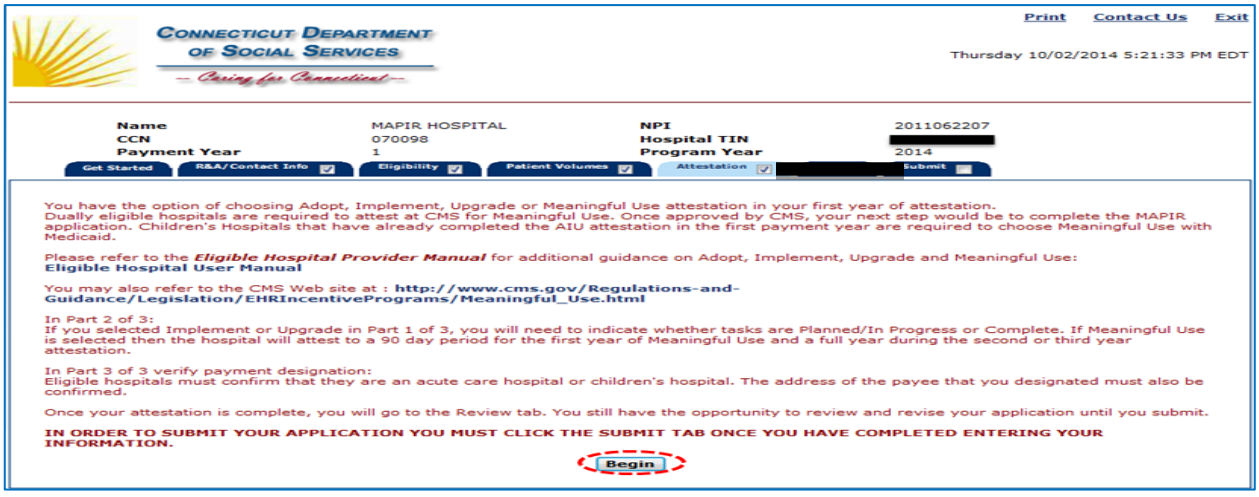
MAPIR displays the information and allows you to print the information entered. Please review the information you've provided for accuracy and completeness. This will be your opportunity to make changes prior to final submission.

Review and Check Errors – MAPIR will check you application for errors. If errors are present you will have the opportunity to go back to the tab where the error occurred and correct it. If you do not want to correct the errors you can still submit your application, however, the errors may affect the processing of your application.

The following documents are to be uploaded into MAPIR (Must be in a .pdf, .xls, .xlsx, .doc, or .docx format and no greater than 5 MB)

- Invoice - which must include name(s) of company principals, name of the specific product/services purchased and date of purchase
- User agreement - which must include company name and name of specific product/services purchased
- Contracts - which must include name(s) of company principals, name of the specific product/services purchased, signatures and dates
- License agreement - which must include company name and name of the specific product/services purchased
- Purchase orders - which must include name(s) of company principals, name of the specific product/services purchased, date of purchase and costs (which may be redacted)
- MU dashboard screenshots, printouts, and/or reports (which must include numerator, denominator, exclusions and percentages for each of the required Core and Menu items [MU Only]

- The initial **Submit** screen contains information about this section.
- Click **Begin** to continue to the submission process.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Thursday 10/02/2014 5:21:33 PM EDT
Name
MAPIR HOSPITAL
NPI
2011062207
CCN
070098
Hospital TIN
[redacted]
Payment Year
1
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
[redacted]
Submit
You have the option of choosing Adopt, Implement, Upgrade or Meaningful Use attestation in your first year of attestation.
Dually eligible hospitals are required to attest at CMS for Meaningful Use. Once approved by CMS, your next step would be to complete the MAPIR application. Children's Hospitals that have already completed the AIU attestation in the first payment year are required to choose Meaningful Use with Medicaid.
Please refer to the Eligible Hospital Provider Manual for additional guidance on Adopt, Implement, Upgrade and Meaningful Use:
Eligible Hospital User Manual
You may also refer to the CMS Web site at : http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html
In Part 2 of 3:
If you selected Implement or Upgrade in Part 1 of 3, you will need to indicate whether tasks are Planned/In Progress or Complete. If Meaningful Use is selected then the hospital will attest to a 90 day period for the first year of Meaningful Use and a full year during the second or third year attestation.
In Part 3 of 3 verify payment designation:
Eligible hospitals must confirm that they are an acute care hospital or children's hospital. The address of the payee that you designated must also be confirmed.
Once your attestation is complete, you will go to the Review tab. You still have the opportunity to review and revise your application until you submit.
IN ORDER TO SUBMIT YOUR APPLICATION YOU MUST CLICK THE SUBMIT TAB ONCE YOU HAVE COMPLETED ENTERING YOUR INFORMATION.
Begin

## ***SUBMIT (cont.)***

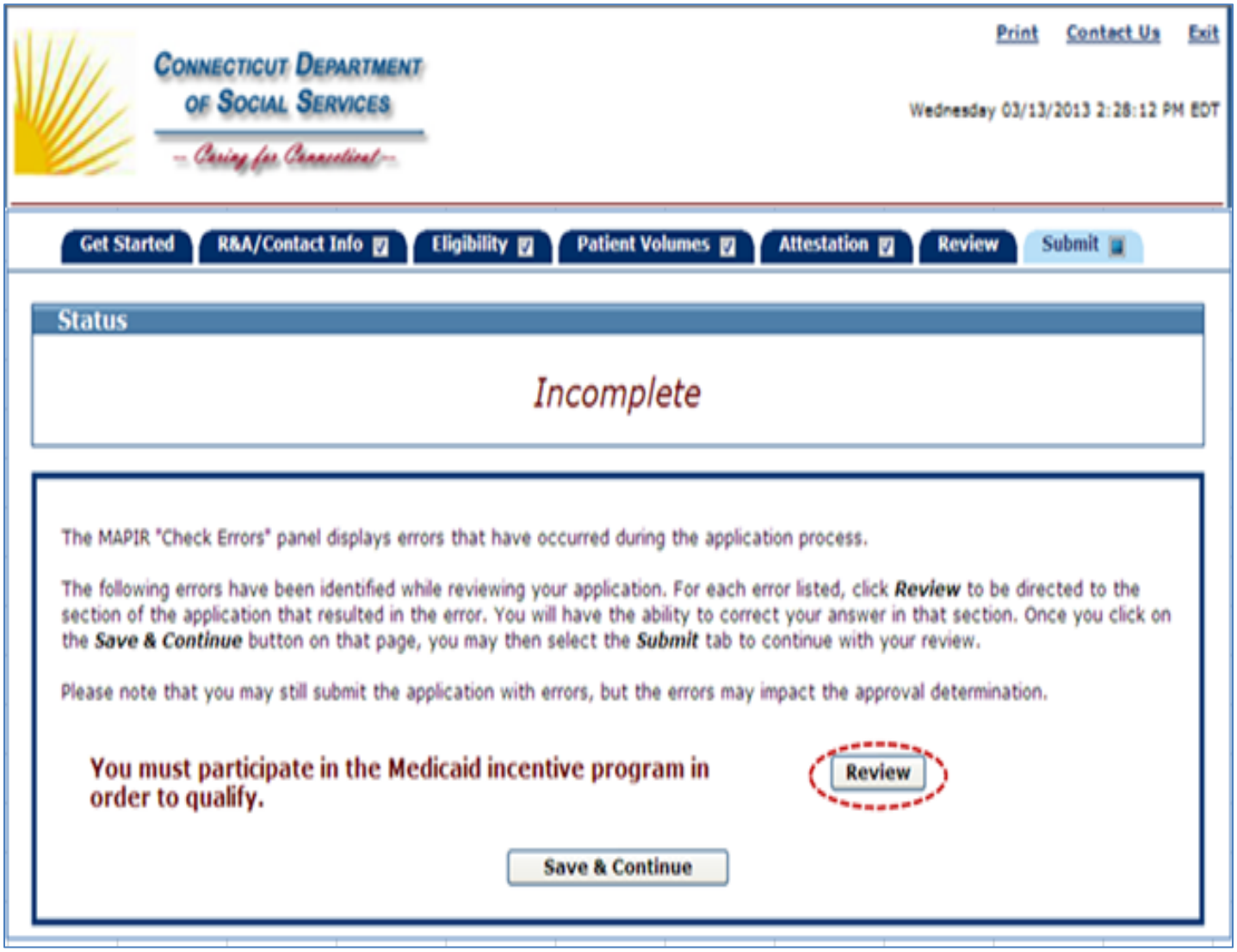
This screen lists the current status of your application and any error messages identified by the system.

You can correct these errors or leave them as is. You can submit this application with errors; however, errors may impact your eligibility and incentive payment amount.

To correct errors:

Click **Review** to be taken to the section in error and correct the information. To return to this section at any time click the **Submit** tab.

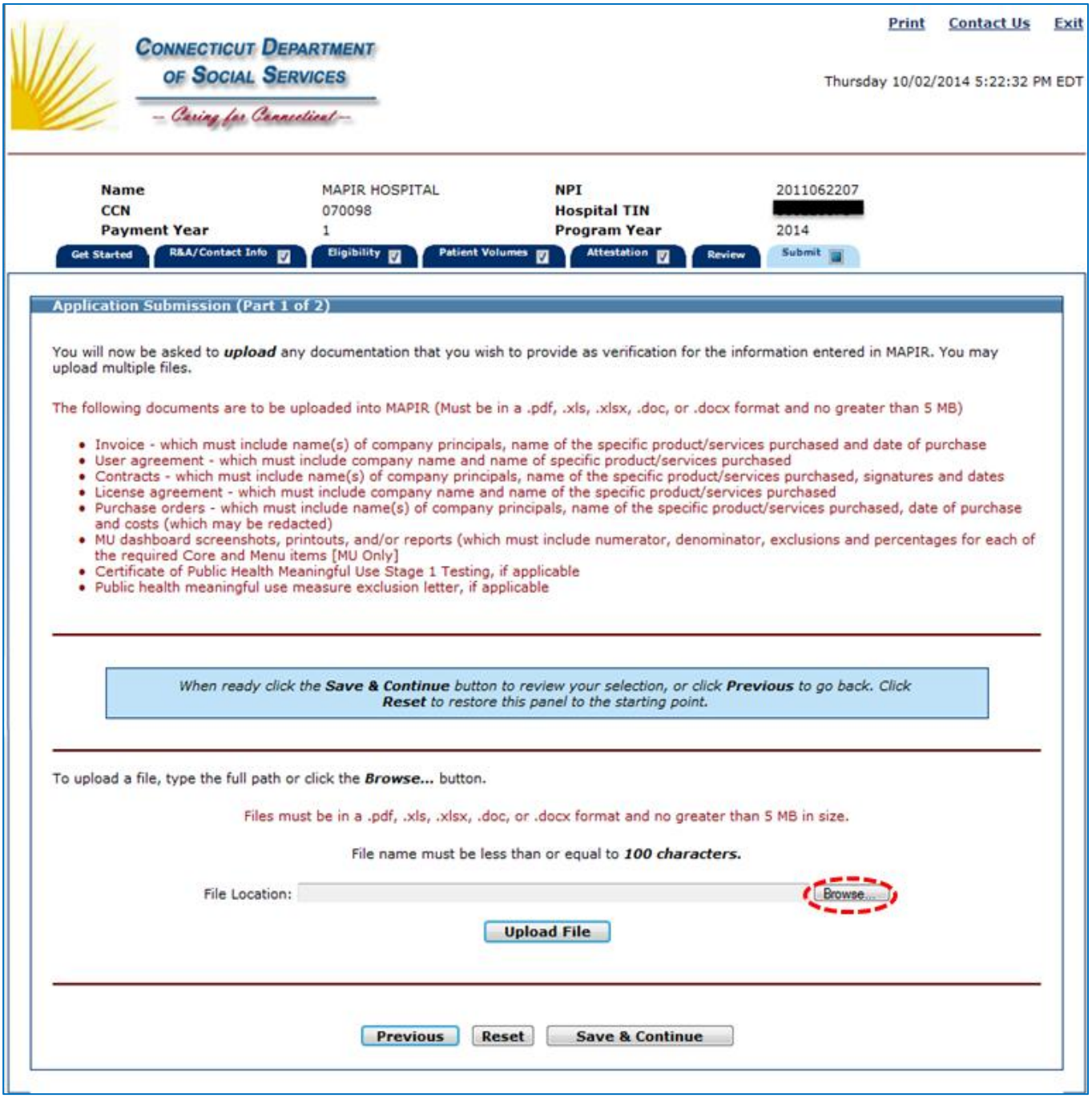
Click **Save & Continue** to continue with the application submission.


Print
Contact Us
Exit
Connecticut Department of Social Services
Caring for Connecticut
Wednesday 03/13/2013 2:26:12 PM EDT
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Status
Incomplete
The MAPIR "Check Errors" panel displays errors that have occurred during the application process.
The following errors have been identified while reviewing your application. For each error listed, click Review to be directed to the section of the application that resulted in the error. You will have the ability to correct your answer in that section. Once you click on the Save & Continue button on that page, you may then select the Submit tab to continue with your review.
Please note that you may still submit the application with errors, but the errors may impact the approval determination.
You must participate in the Medicaid incentive program in order to qualify.
Review
Save & Continue

## ***SUBMIT (cont.)***

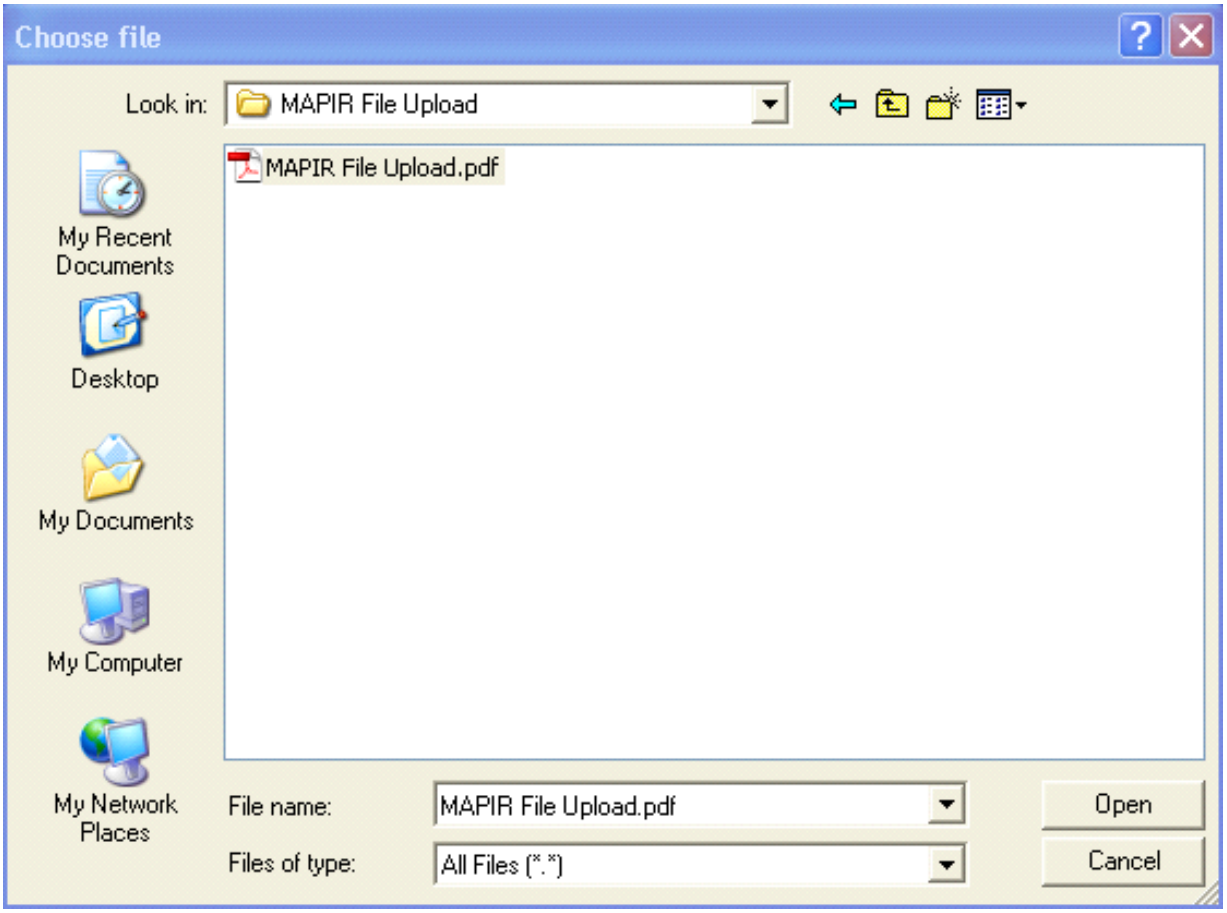
To upload files click **Browse** to navigate to the file you wish to upload.

*Note: Excel, Word and Portable Data Format (PDF) files up to 5 megabytes (MB) in size are acceptable documentation to upload.*


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Thursday 10/02/2014 5:22:32 PM EDT
Name
MAPIR HOSPITAL
NPI
2011062207
CCN
070098
Hospital TIN
[redacted]
Payment Year
1
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Application Submission (Part 1 of 2)
You will now be asked to upload any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.
The following documents are to be uploaded into MAPIR (Must be in a .pdf, .xls, .xlsx, .doc, or .docx format and no greater than 5 MB)
Invoice - which must include name(s) of company principals, name of the specific product/services purchased and date of purchase
User agreement - which must include company name and name of specific product/services purchased
Contracts - which must include name(s) of company principals, name of the specific product/services purchased, signatures and dates
License agreement - which must include company name and name of the specific product/services purchased
Purchase orders - which must include name(s) of company principals, name of the specific product/services purchased, date of purchase and costs (which may be redacted)
MU dashboard screenshots, printouts, and/or reports (which must include numerator, denominator, exclusions and percentages for each of the required Core and Menu items [MU Only]
Certificate of Public Health Meaningful Use Stage 1 Testing, if applicable
Public health meaningful use measure exclusion letter, if applicable
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
To upload a file, type the full path or click the Browse... button.
Files must be in a .pdf, .xls, .xlsx, .doc, or .docx format and no greater than 5 MB in size.
File name must be less than or equal to 100 characters.
File Location:
Browse...
Upload File
Previous
Reset
Save & Continue

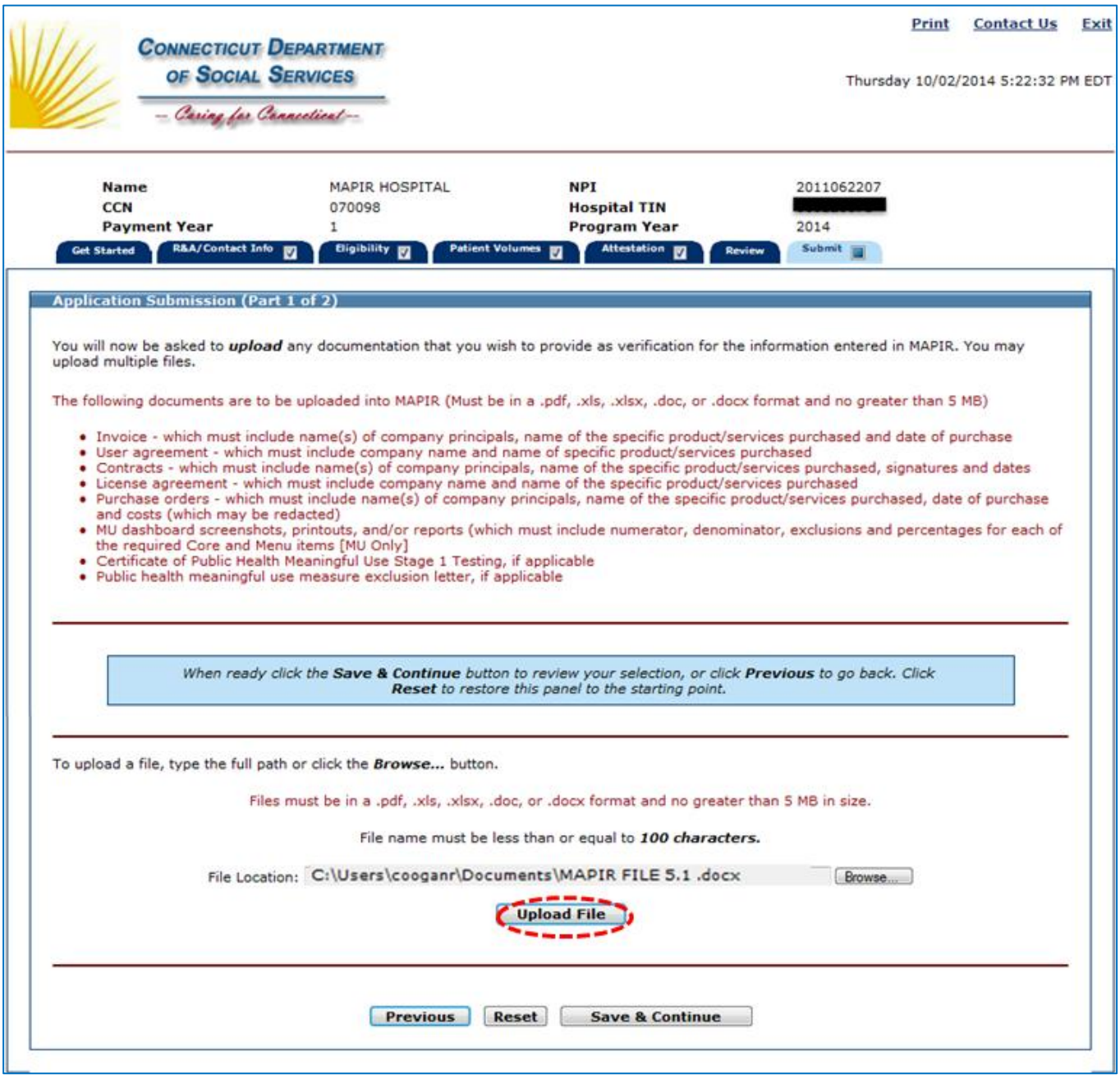
The **Choose file** dialog box will display.

Navigate to the file you want to upload and select **Open**.



Check the file name in the file name box.

Click **Upload File** to begin the file upload process.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Thursday 10/02/2014 5:22:32 PM EDT
Name
MAPIR HOSPITAL
NPI
2011062207
CCN
070098
Hospital TIN
[redacted]
Payment Year
1
Program Year
2014
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Application Submission (Part 1 of 2)
You will now be asked to upload any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.
The following documents are to be uploaded into MAPIR (Must be in a .pdf, .xls, .xlsx, .doc, or .docx format and no greater than 5 MB)
Invoice - which must include name(s) of company principals, name of the specific product/services purchased and date of purchase
User agreement - which must include company name and name of specific product/services purchased
Contracts - which must include name(s) of company principals, name of the specific product/services purchased, signatures and dates
License agreement - which must include company name and name of the specific product/services purchased
Purchase orders - which must include name(s) of company principals, name of the specific product/services purchased, date of purchase and costs (which may be redacted)
MU dashboard screenshots, printouts, and/or reports (which must include numerator, denominator, exclusions and percentages for each of the required Core and Menu items [MU Only]
Certificate of Public Health Meaningful Use Stage 1 Testing, if applicable
Public health meaningful use measure exclusion letter, if applicable
When ready click the Save & Continue button to review your selection, or click Previous to go back. Click Reset to restore this panel to the starting point.
To upload a file, type the full path or click the Browse... button.
Files must be in a .pdf, .xls, .xlsx, .doc, or .docx format and no greater than 5 MB in size.
File name must be less than or equal to 100 characters.
File Location:
C:\Users\cooganr\Documents\MAPIR FILE 5.1 .docx
Browse...
Upload File
Previous
Reset
Save & Continue

## ***SUBMIT (cont.)***

Note the *"File has been successfully uploaded."* message.

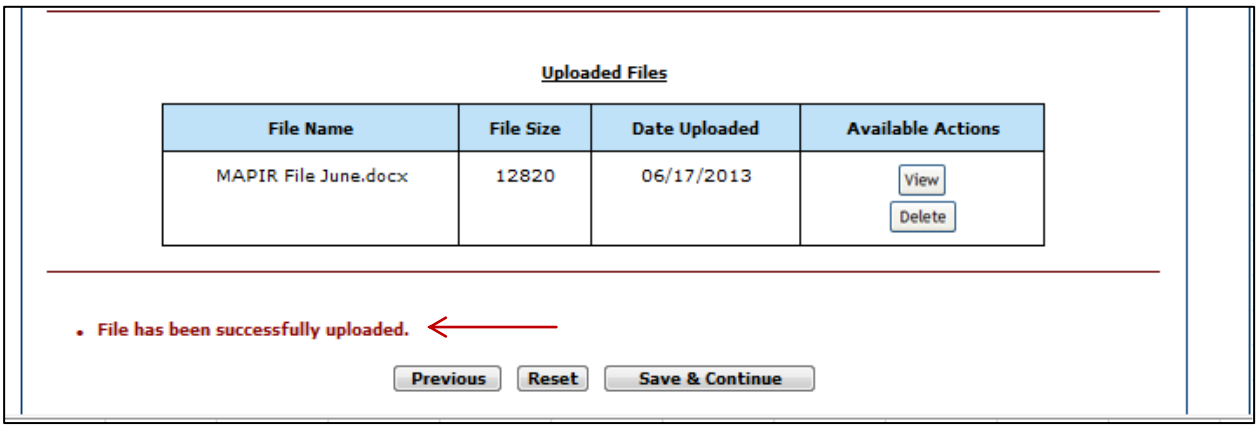
Review the uploaded file list in the Uploaded Files box.

If you have more than one file to upload, repeat the steps to select and upload a file as many times a necessary.

All of the files you uploaded will be listed in the **Uploaded Files** section of the screen. The Upload Files screen may also display files that were uploaded by an Administrative User and made available for you to view.

To delete an uploaded file click the **Delete** button in the Available Actions column.

Click **Save & Continue** to review your selection, or click **Previous** to go back. Click **Reset** to restore the panel to the starting point.



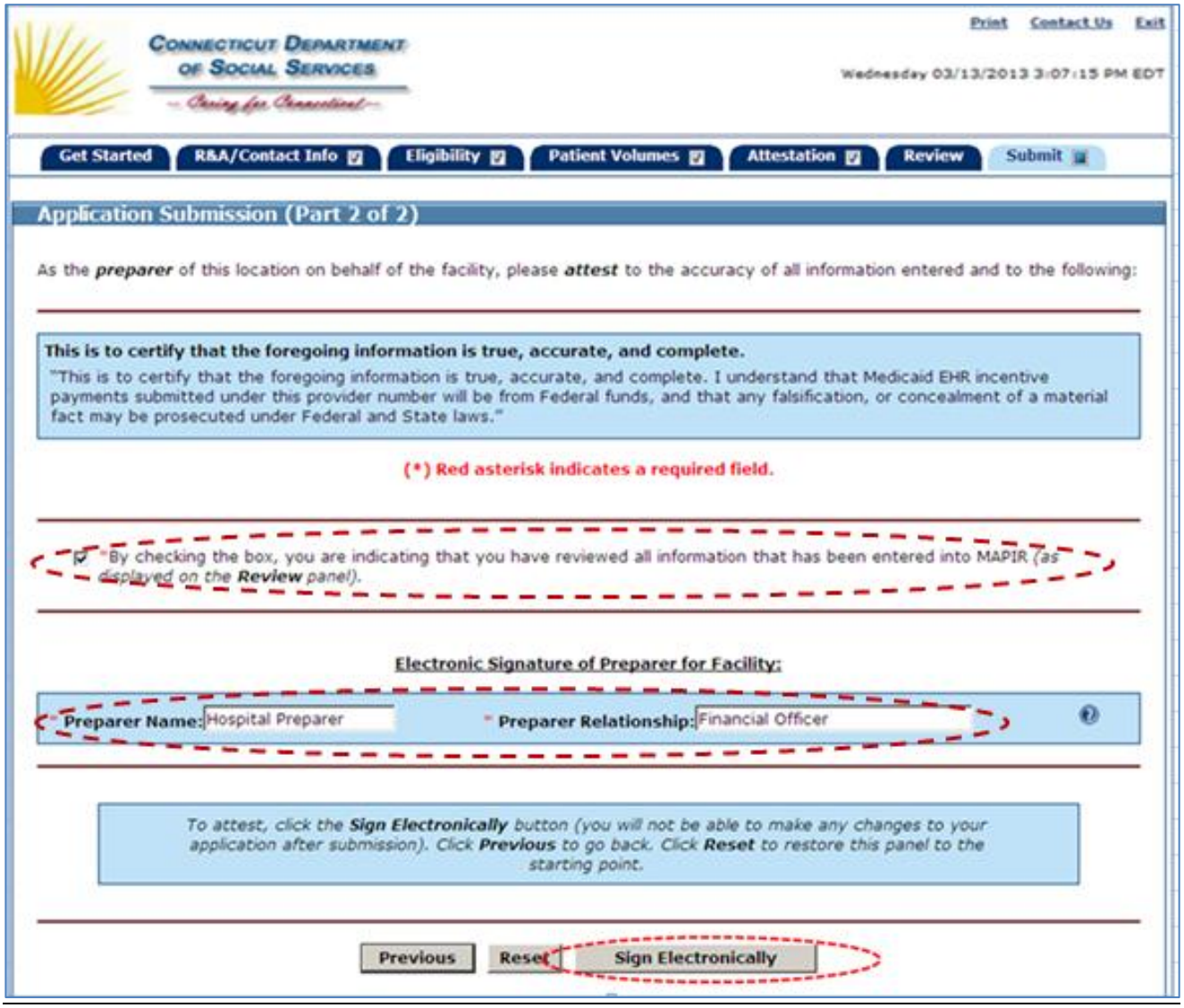
## ***SUBMIT (cont.)***

This screen depicts the Preparer signature screen.

**Check the BOX** (located on the left of the MAPIR screen) to acknowledge that you have reviewed all of your information. Enter your **Preparer Name** and **Preparer Relationship.**

Click **Sign Electronically** to proceed.

Click **Previous** to go back. Click **Reset** to restore this panel to the starting point.


Print
Contact Us
Exit
Connecticut Department of Social Services
Caring for Connecticut
Wednesday 03/13/2013 3:07:15 PM EDT
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Application Submission (Part 2 of 2)
As the preparer of this location on behalf of the facility, please attest to the accuracy of all information entered and to the following:
This is to certify that the foregoing information is true, accurate, and complete.
"This is to certify that the foregoing information is true, accurate, and complete. I understand that Medicaid EHR incentive payments submitted under this provider number will be from Federal funds, and that any falsification, or concealment of a material fact may be prosecuted under Federal and State laws."
(*) Red asterisk indicates a required field.
* By checking the box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the Review panel).
Electronic Signature of Preparer for Facility:
* Preparer Name: Hospital Preparer
* Preparer Relationship: Financial Officer
To attest, click the Sign Electronically button (you will not be able to make any changes to your application after submission). Click Previous to go back. Click Reset to restore this panel to the starting point.
Previous
Reset
Sign Electronically

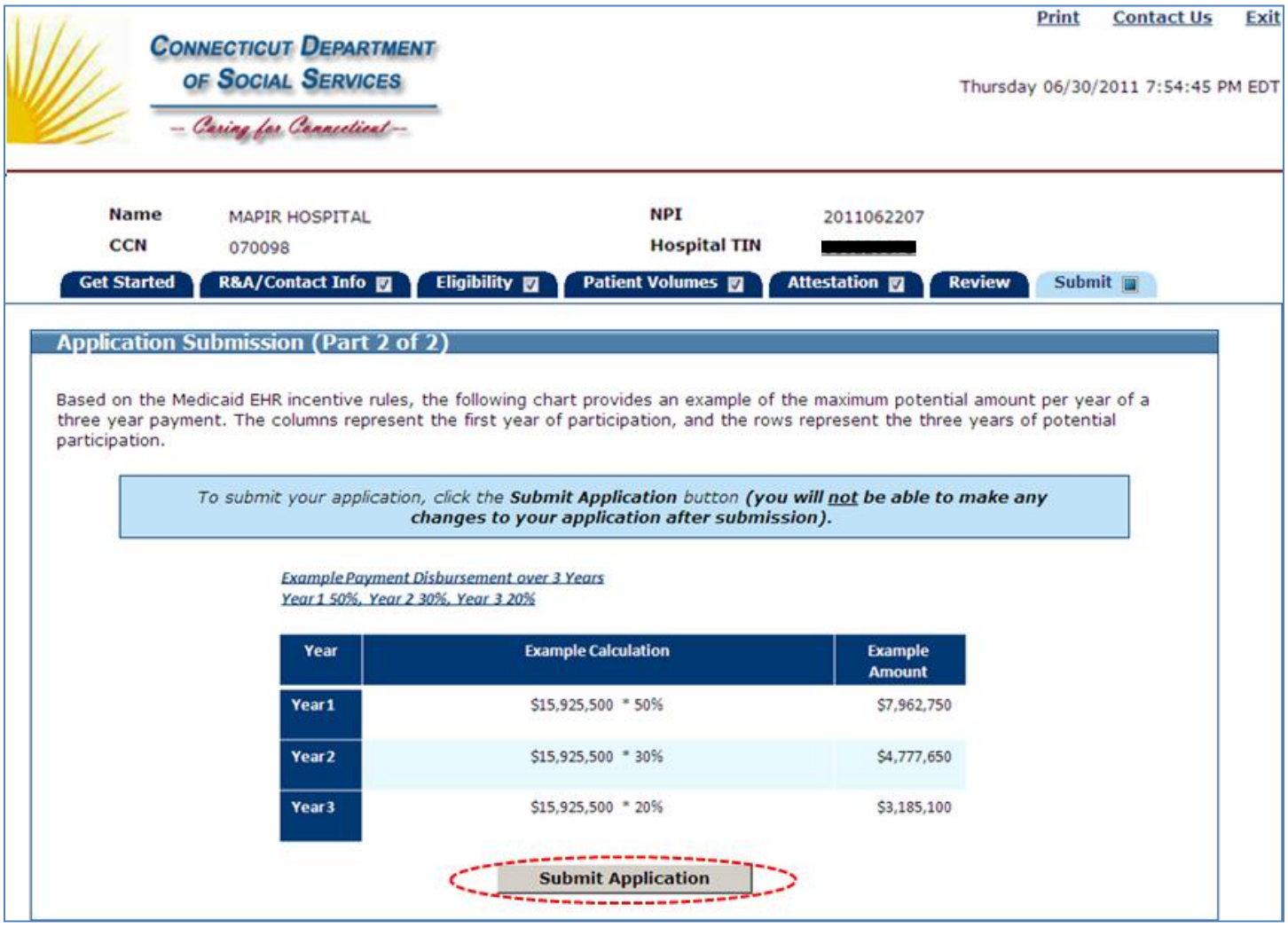
## ***SUBMIT (cont.)***

Your actual incentive payment will be calculated and verified by Connecticut Medicaid program office. This screen shows an **Example Payment Disbursement over 3 Years. THIS IS NOT THE AMOUNT YOU WILL RECEIVE.**

No information is required on this screen.

*Note: This is the final step of the Submit process. You will not be able to make any changes to your application after submission. If you do not want to submit your application at this time you can click Exit, and return at any time to complete the submission process.*

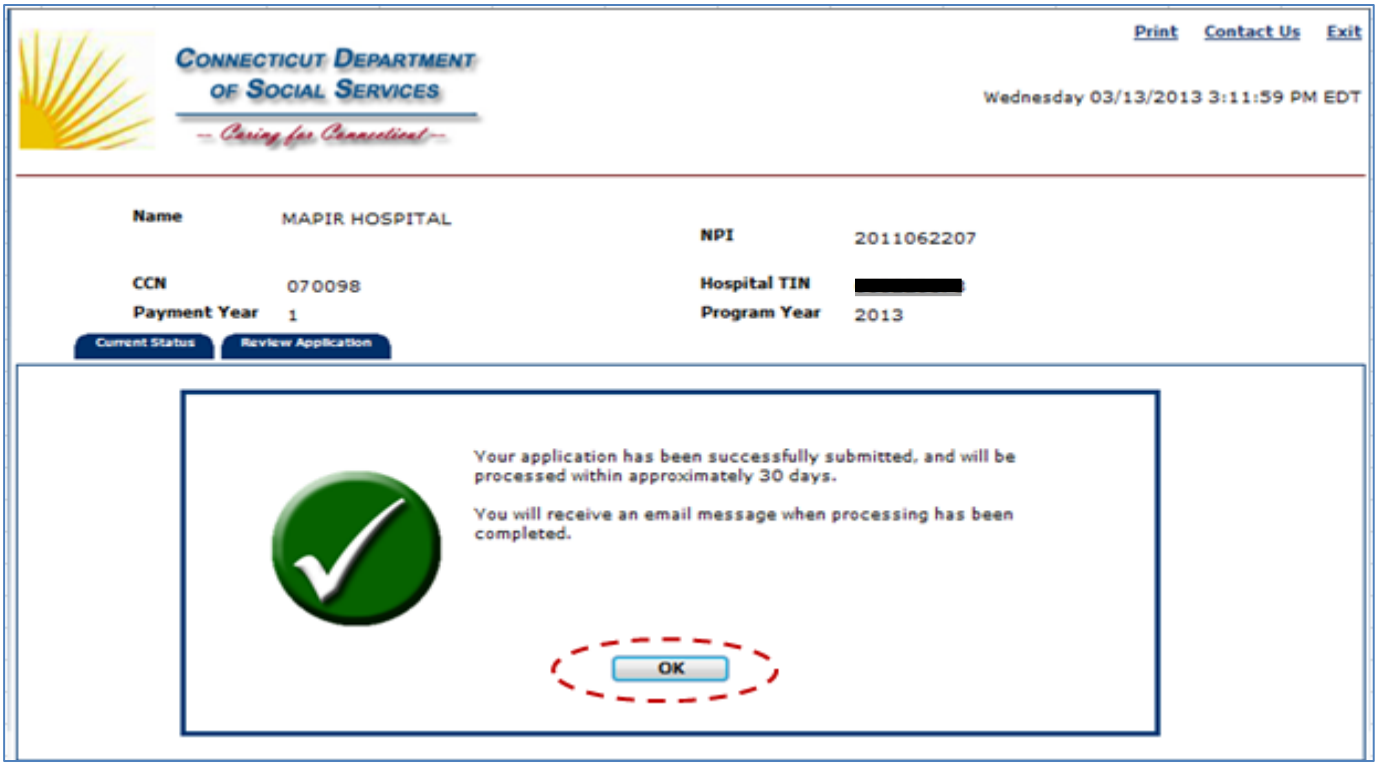
To submit your application, click **Submit Application** at the bottom of this screen.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
Caring for Connecticut
Thursday 06/30/2011 7:54:45 PM EDT
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Application Submission (Part 2 of 2)
Based on the Medicaid EHR incentive rules, the following chart provides an example of the maximum potential amount per year of a three year payment. The columns represent the first year of participation, and the rows represent the three years of potential participation.
To submit your application, click the Submit Application button (you will not be able to make any changes to your application after submission).
Example Payment Disbursement over 3 Years
Year 1 50%, Year 2 30%, Year 3 20%
Year
Example Calculation
Example Amount
Year1
$15,925,500 * 50%
$7,962,750
Year2
$15,925,500 * 30%
$4,777,650
Year3
$15,925,500 * 20%
$3,185,100
Submit Application

## ***SUBMIT (cont.)***

The check indicates your application has been successfully submitted.

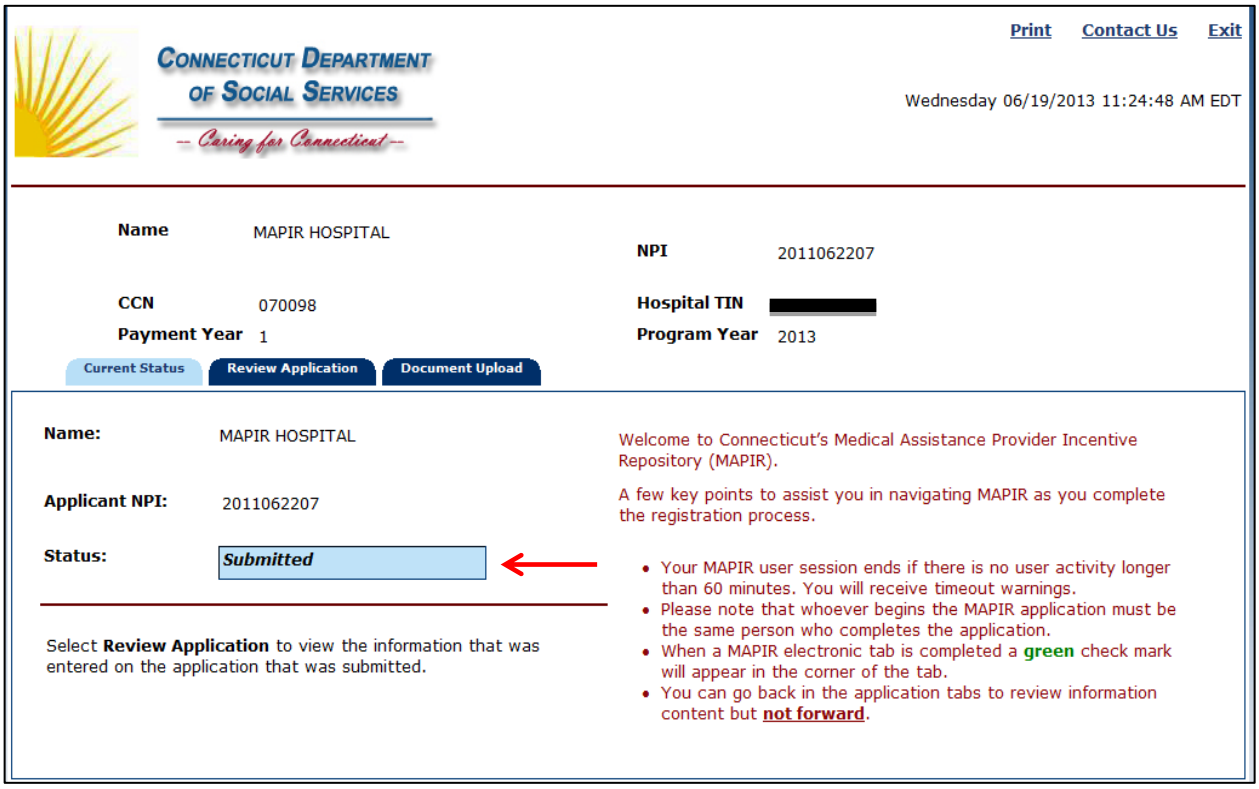
Click **OK**.



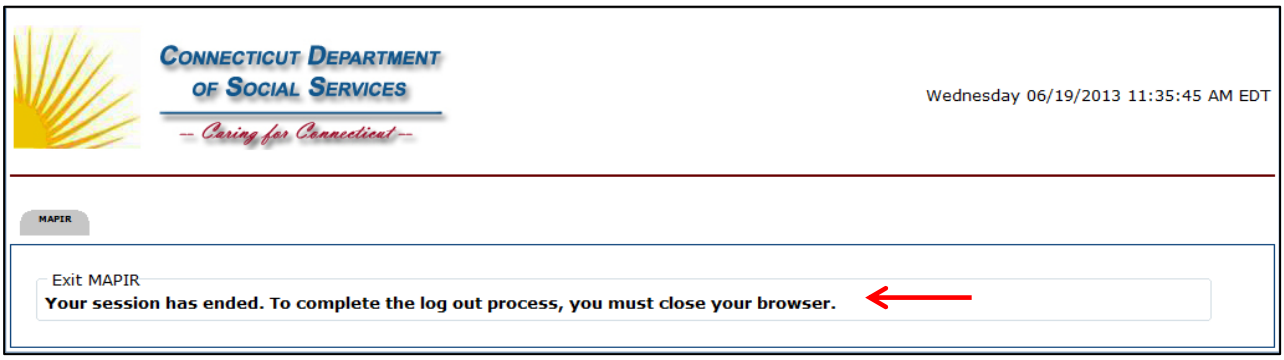
## ***SUBMIT (cont.)***

When your application has been successfully submitted, you will see the application status of Submitted.

Click **Exit** to exit MAPIR.


Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Wednesday 06/19/2013 11:24:48 AM EDT
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Payment Year 1
Program Year 2013
Current Status
Review Application
Document Upload
Name: MAPIR HOSPITAL
Applicant NPI: 2011062207
Status: Submitted
Select Review Application to view the information that was entered on the application that was submitted.
Welcome to Connecticut's Medical Assistance Provider Incentive Repository (MAPIR).
A few key points to assist you in navigating MAPIR as you complete the registration process.
• Your MAPIR user session ends if there is no user activity longer than 60 minutes. You will receive timeout warnings.
• Please note that whoever begins the MAPIR application must be the same person who completes the application.
• When a MAPIR electronic tab is completed a green check mark will appear in the corner of the tab.
• You can go back in the application tabs to review information content but not forward.

This screen shows that your MAPIR session has ended. You should now close your browser window.


CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Wednesday 06/19/2013 11:35:45 AM EDT
MAPIR
Exit MAPIR
Your session has ended. To complete the log out process, you must close your browser.

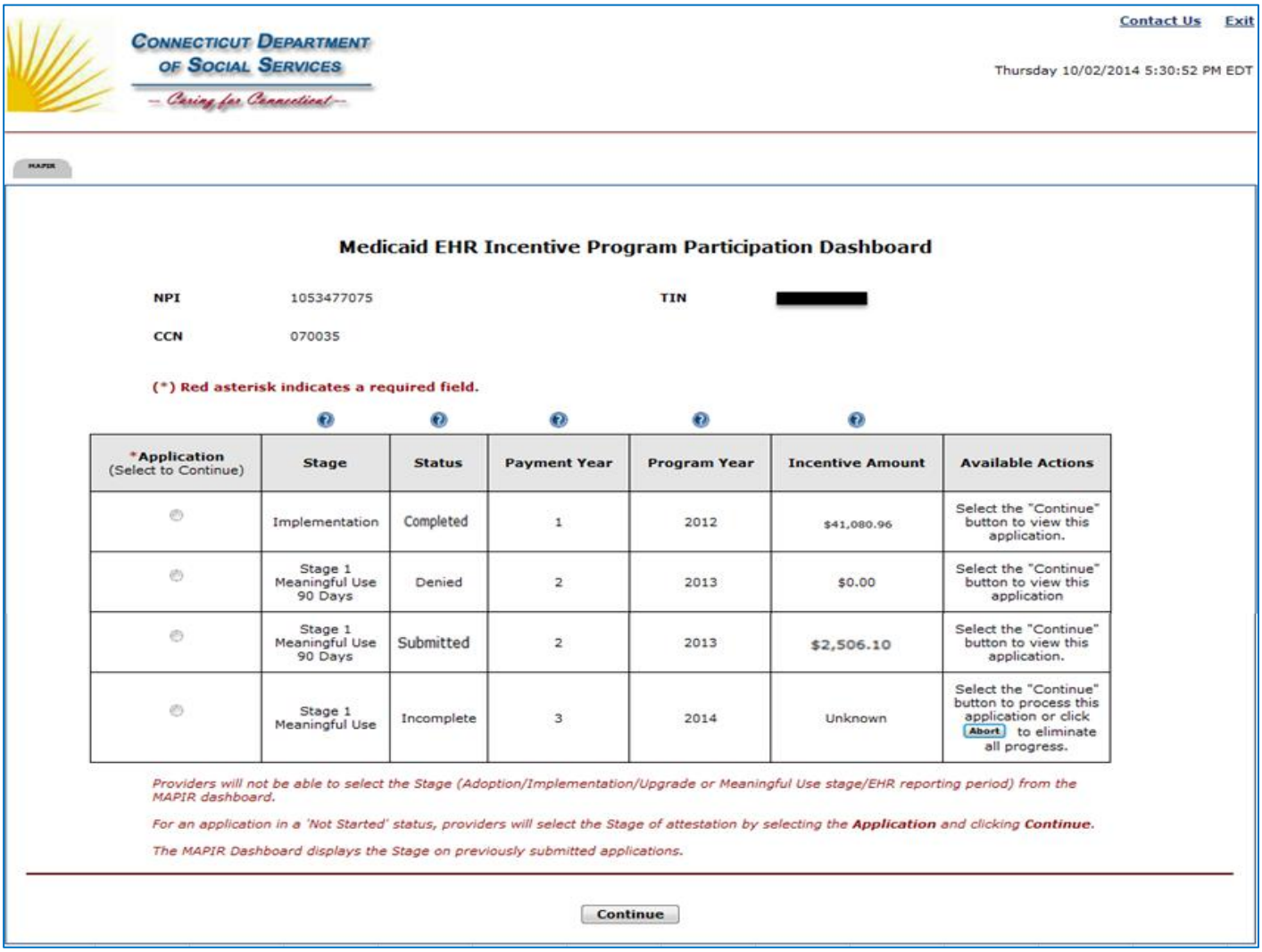
## ***Post Submission Activities***

This section contains information about post application submission activities. At any time you can check the status of your application by logging into the state Medicaid portal. When you have successfully completed the application submission process you will receive an email confirming your submission has been received. You may also receive email updates as your application is processed.

When you log in to MAPIR after submitting your application you will see the Medicaid EHR Incentive Program Participation Dashboard.

Notice that the Status of your application is Submitted. You can only view an application in a Submitted status. The next payment year application will be enabled when you become eligible to apply. For status information, please see the Status Definition table in the Post Submission Activities section of this manual.

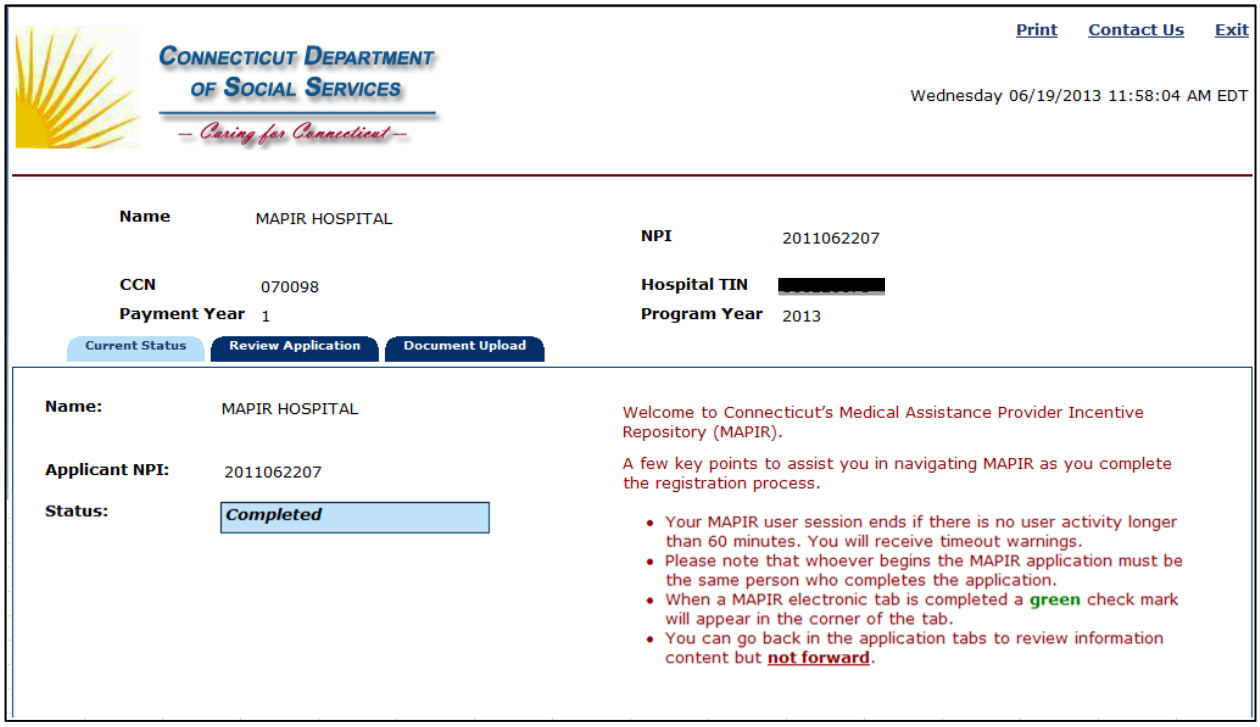
When you log in to MAPIR after submitting your application you will see the Medicaid EHR Incentive Program Participation Dashboard.



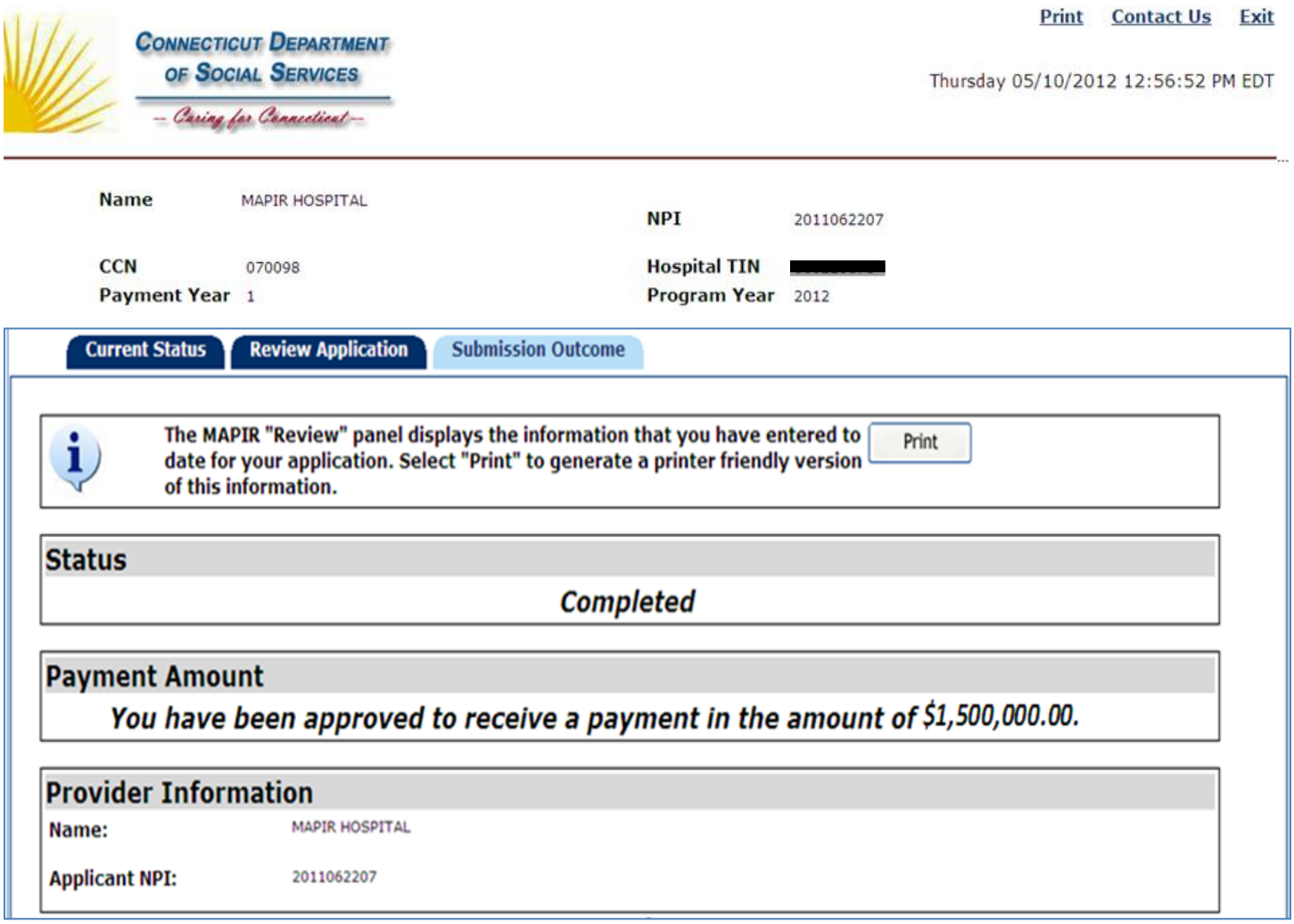
## ***Post Submission Activities (cont.)***

This section contains information about post application submission activities. At any time you can check the status of your application by logging into Connecticut Medicaid portal. When you have successfully completed the application submission process you will receive an email confirming your submission has been received. You will receive email updates as your application is processed. The screen below shows an application in a status of Completed. You can click the Review Application tab to review your application; however, you will not be able to make changes.

If your application is in a Submitted, Pended for Review, or a Completed status, you will have the option to upload additional documentation on the Document Upload tab; however, if your application is not in one of the statuses previously mentioned, the Document Upload tab will not display.

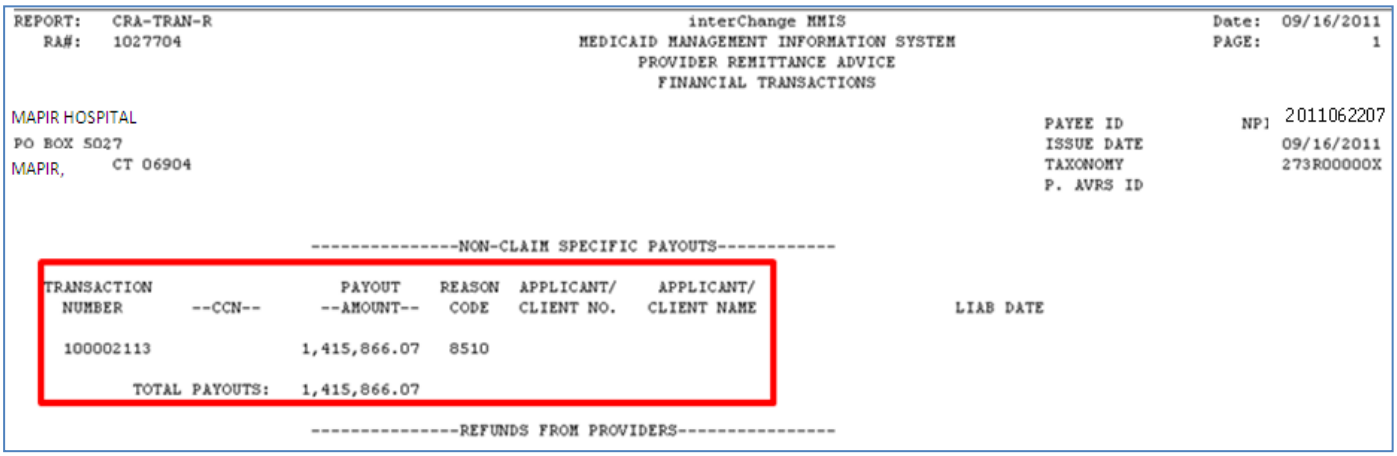

Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Wednesday 06/19/2013 11:58:04 AM EDT
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Payment Year 1
Program Year 2013
Current Status
Review Application
Document Upload
Name: MAPIR HOSPITAL
Applicant NPI: 2011062207
Status: Completed
Welcome to Connecticut's Medical Assistance Provider Incentive Repository (MAPIR).
A few key points to assist you in navigating MAPIR as you complete the registration process.
• Your MAPIR user session ends if there is no user activity longer than 60 minutes. You will receive timeout warnings.
• Please note that whoever begins the MAPIR application must be the same person who completes the application.
• When a MAPIR electronic tab is completed a green check mark will appear in the corner of the tab.
• You can go back in the application tabs to review information content but not forward.

Once your application has been processed by the State Medicaid Health Program Office (SMHPO), you can click the **Submission Outcome** tab to view the results of submitting your application.



## ***Post Submission Activities - Payment***

After the attestation is Payment Approved, payment will be made during the regular financial cycle in 2-4 weeks depending on cut off dates for payment. The financial transaction is reflected under the payee hospital's AVRS ID's Remittance Advice and included in their Electronic Fund Transfer (EFT). The payment will be reflected on the Financial Transaction page under Non-Claim Specific Payouts and the transaction will be identified by a Reason Code of 8510 – Medicaid EHR Incentive Payment



REPORT: CRA-TRAN-R
RA#: 1027704

interChange MMIS
MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

Date: 09/16/2011
PAGE: 1

MAPIR HOSPITAL
PO BOX 5027
MAPIR, CT 06904

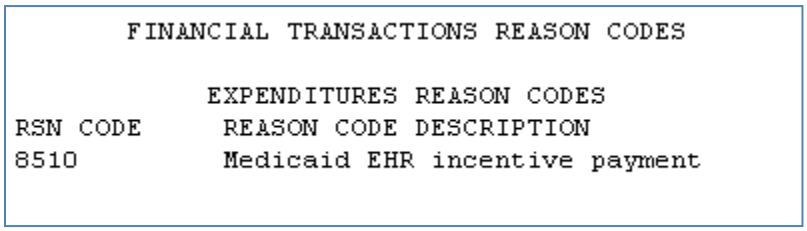
PAYEE ID NPI 2011062207
ISSUE DATE 09/16/2011
TAXONOMY 273R00000X
P. AVRS ID

----------NON-CLAIM SPECIFIC PAYOUTS----------

| TRANSACTION NUMBER | --CCN-- | PAYOUT --AMOUNT-- | REASON CODE | APPLICANT/ CLIENT NO. | APPLICANT/ CLIENT NAME | LIAB DATE |
|---|---|---|---|---|---|---|
| 100002113 | | 1,415,866.07 | 8510 | | | |
| TOTAL PAYOUTS: | | 1,415,866.07 | | | | |

----------REFUNDS FROM PROVIDERS----------

EOB Description Page:



FINANCIAL TRANSACTIONS REASON CODES

EXPENDITURES REASON CODES

| RSN CODE | REASON CODE DESCRIPTION |
|---|---|
| 8510 | Medicaid EHR incentive payment |

# *14 Appendix*

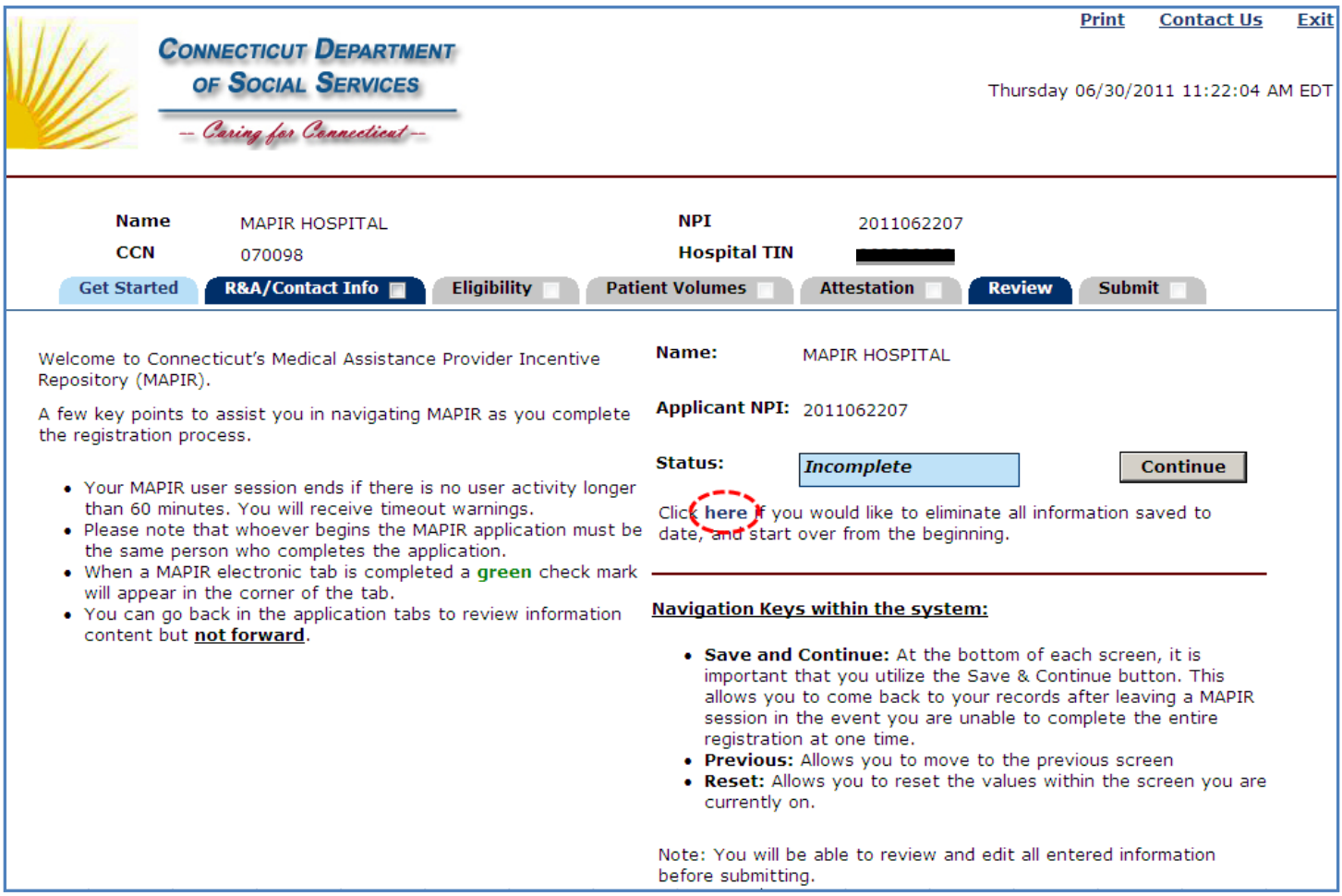
The following table lists some of the statuses your application may go through.

| **Status** | **Definition** |
|---|---|
| Not Registered at R&A | MAPIR has not received a matching registration from both the R&A and the state MMIS. |
| Incomplete | The application is in a working status but has not been submitted and may still be updated by the provider. |
| Submitted | The application has been submitted. The application is locked to prevent editing and no further changes can be made. |
| Payment Approved | A determination has been made that the application has been approved for payment. |
| Payment Disbursed | The financial payment data has been received by MAPIR and will appear on your remittance advice. |
| Partial Recoupment Received | An adjustment has been requested and the total amount has not been recouped. |
| Partial Remittance Received | An adjustment has been processed and a partial recoupment has been made and will appear on your remittance advice. |
| Aborted | When in this status, all progress has been eliminated for the incentive application and the application can no longer be modified or submitted. |
| Appeal Initiated | An appeal has been lodged with the proper state authority by the provider. |
| Appeal Approved | The appeal has been approved. |
| Appeal Denied | The appeal has been denied. |
| Denied | A determination has been made that the provider does not qualify for an incentive payment based on one or more of the eligibility rules. |
| Completed | The application has run a full standard process and completed successfully with a payment to the provider. |
| Cancelled | An application has been set to "Cancelled" status only when R&A communicates a registration cancellation to MAPIR. MAPIR cancels both the registration and any associated application. |
| Future | This is a status that will be displayed against any application to indicate the number of future applications that the provider can apply for within the EHR Incentive Program. |
| Not Eligible | This is a status that will be displayed against any application whenever the provider has exceeded the limits of the program timeframe. |
| Not Started | This is a status that will be displayed against any application whenever the provider has not started an application but MAPIR received an R&A registration and has been matched to an MMIS provider. |
| Expired | An application is set to an "Expired" status when an application in an "Incomplete" status has not been submitted within the allowable grace period for a program year or when an authorized admin user changes an application to this status after the end of the grace period. Once an application is in an Expired status, the status cannot be changed and it is only viewable to the provider. |

## *Additional User Information*

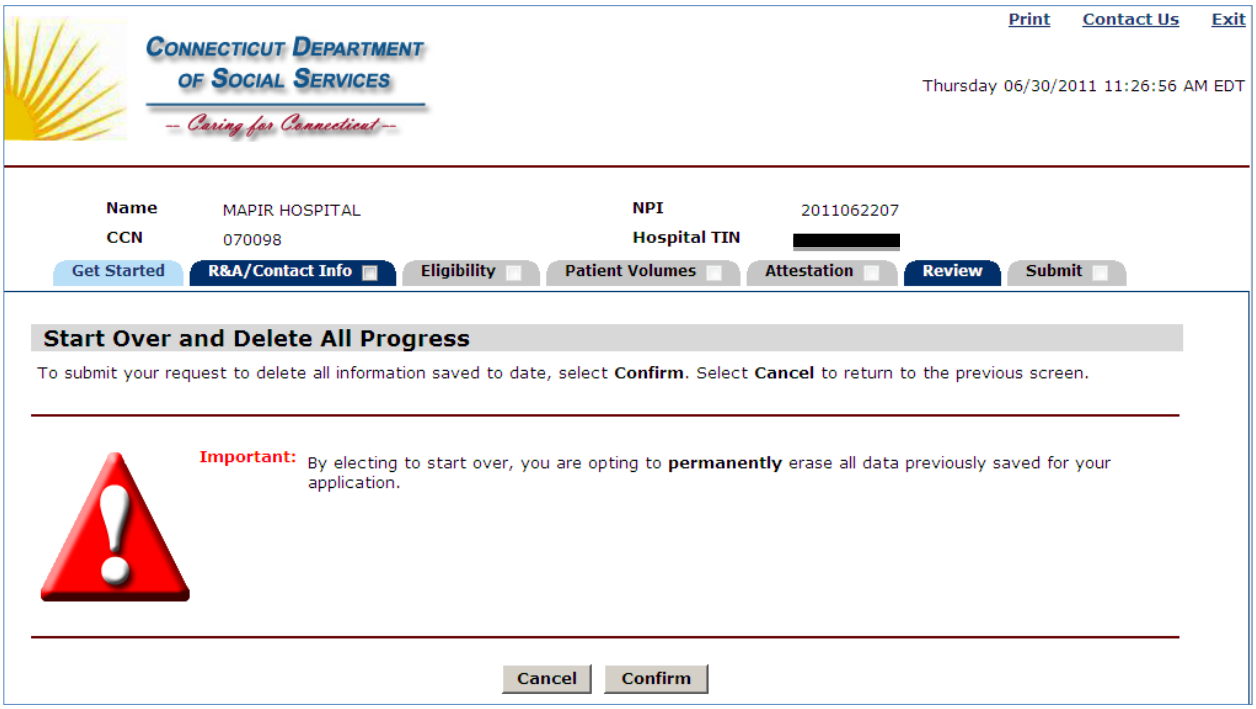
This section contains an explanation of additional user information, system messages, and validation messages you may receive.

**Start Over and Delete All Progress -** If you would like to start your application over from the beginning you can click the **Get Started** tab. Click the here link on the screen to start over from the beginning.

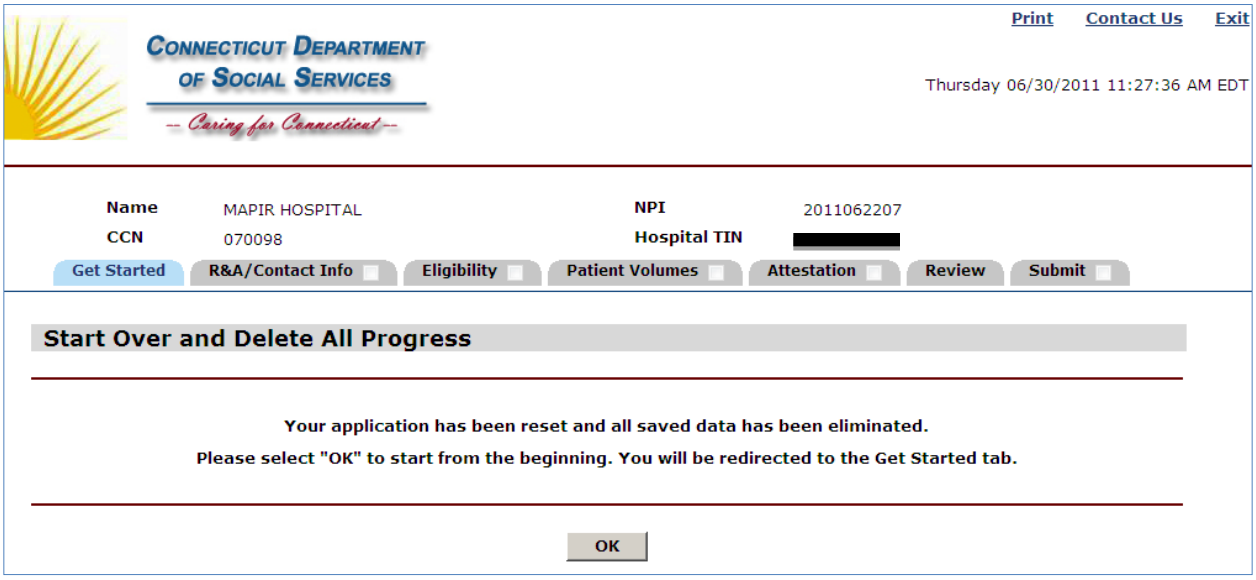

Print
Contact Us
Exit
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Thursday 06/30/2011 11:22:04 AM EDT
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Welcome to Connecticut's Medical Assistance Provider Incentive Repository (MAPIR).
A few key points to assist you in navigating MAPIR as you complete the registration process.
Your MAPIR user session ends if there is no user activity longer than 60 minutes. You will receive timeout warnings.
Please note that whoever begins the MAPIR application must be the same person who completes the application.
When a MAPIR electronic tab is completed a green check mark will appear in the corner of the tab.
You can go back in the application tabs to review information content but not forward.
Name: MAPIR HOSPITAL
Applicant NPI: 2011062207
Status: Incomplete
Continue
Click here if you would like to eliminate all information saved to date, and start over from the beginning.
Navigation Keys within the system:
Save and Continue: At the bottom of each screen, it is important that you utilize the Save & Continue button. This allows you to come back to your records after leaving a MAPIR session in the event you are unable to complete the entire registration at one time.
Previous: Allows you to move to the previous screen
Reset: Allows you to reset the values within the screen you are currently on.
Note: You will be able to review and edit all entered information before submitting.

This screen asks you to confirm your selection to start the application over and delete all information saved to date. This process can only be done prior to submitting your application. Once your application is submitted, you will not be able to start over.

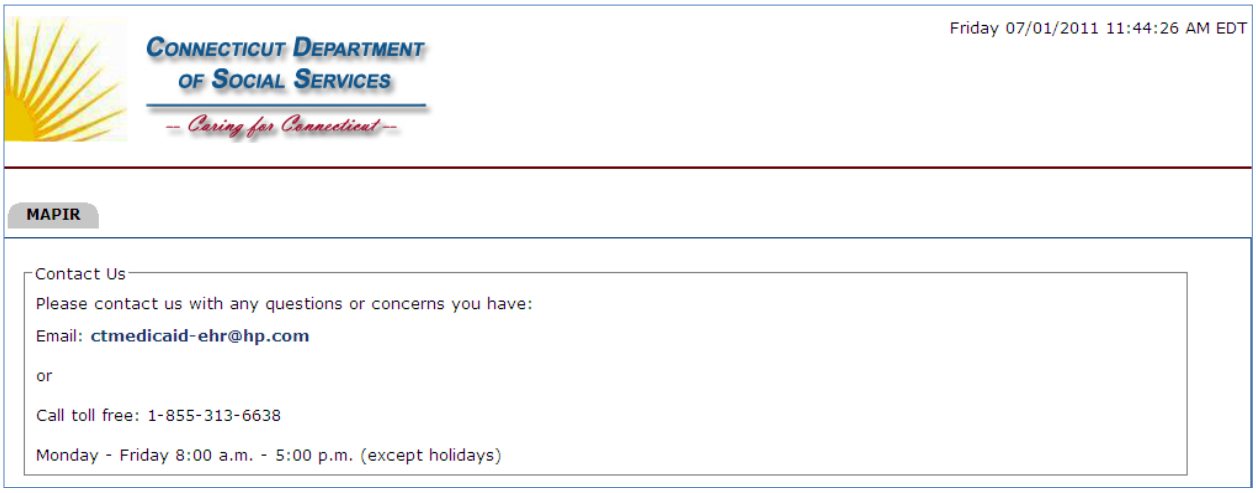
Click **Confirm** to Start Over and Delete All Progress.


Print
Contact Us
Exit
Connecticut Department of Social Services
-- Caring for Connecticut --
Thursday 06/30/2011 11:26:56 AM EDT
Name MAPIR HOSPITAL
NPI 2011062207
CCN 070098
Hospital TIN [redacted]
Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit
Start Over and Delete All Progress
To submit your request to delete all information saved to date, select Confirm. Select Cancel to return to the previous screen.
Important: By electing to start over, you are opting to permanently erase all data previously saved for your application.
Cancel
Confirm

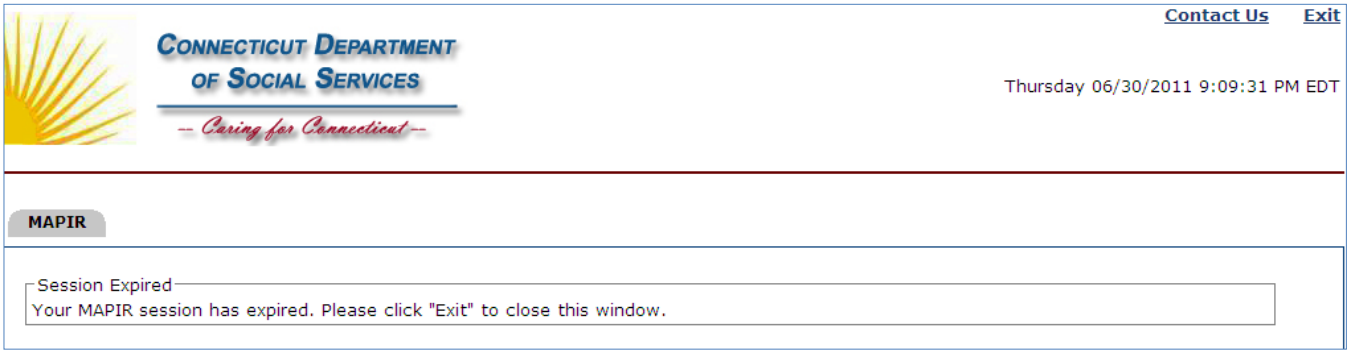
If you clicked **Confirm** you will receive the following confirmation message: To **continue** click **OK**.



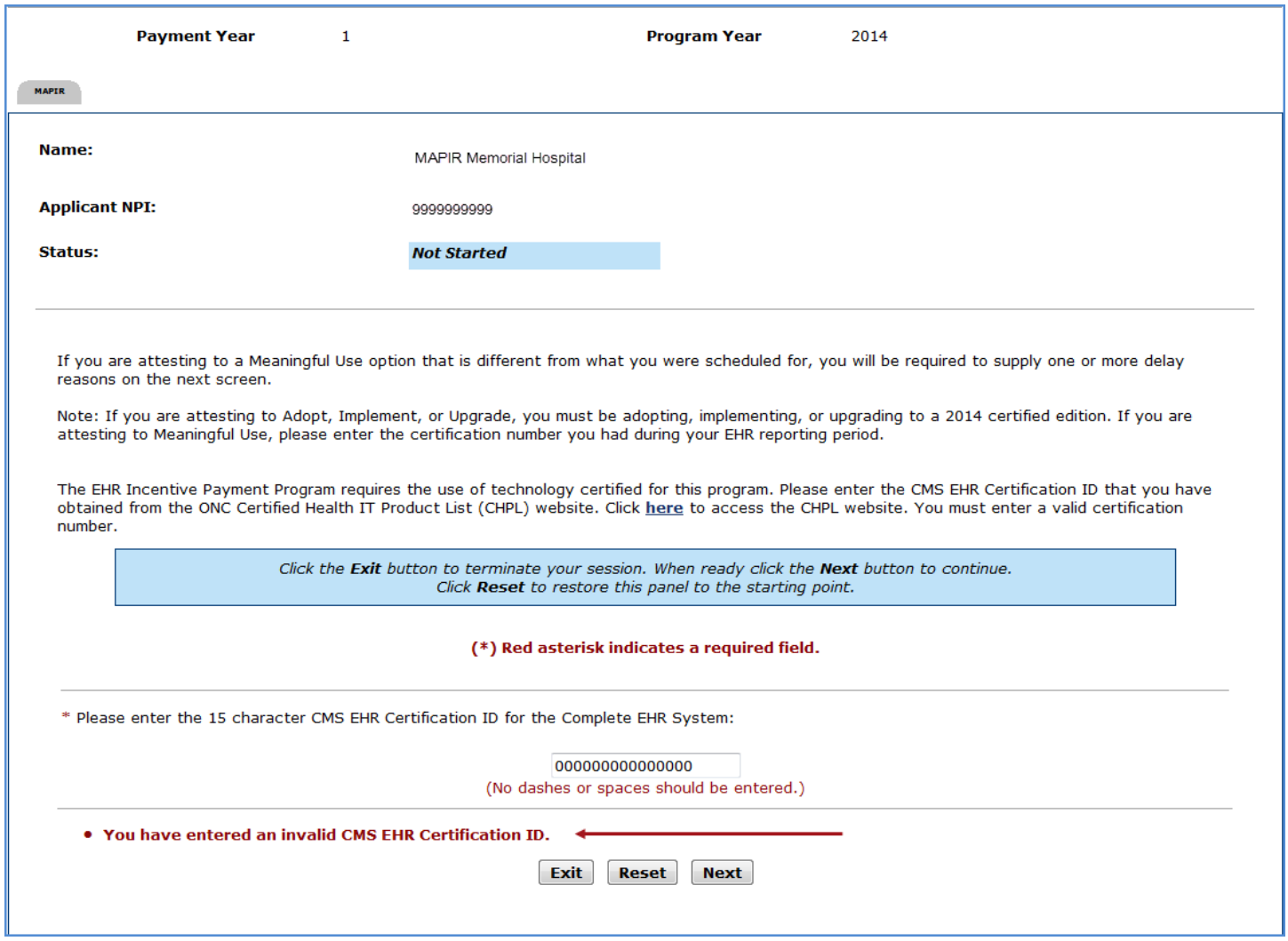
**Contact Us** – Clicking on the Contact Us link in the upper right corner of most screens within MAPIR will display the following Connecticut Medicaid program contact information.


CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Friday 07/01/2011 11:44:26 AM EDT
MAPIR
Contact Us
Please contact us with any questions or concerns you have:
Email: ctmedicaid-ehr@hp.com
or
Call toll free: 1-855-313-6638
Monday - Friday 8:00 a.m. - 5:00 p.m. (except holidays)

**MAPIR Error Message –** This screen will appear when a MAPIR error has occurred. Follow all instructions on the screen. Click **Exit** to exit MAPIR.


CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
-- Caring for Connecticut --
Contact Us
Exit
Thursday 06/30/2011 9:09:31 PM EDT
MAPIR
Session Expired
Your MAPIR session has expired. Please click "Exit" to close this window.

**Validation Messages** –The following is an example of the validation message – You have entered an invalid CMS EHR Certification ID. Check and reenter your CMS EHR Certification ID. The Validation Messages Table lists validation messages you may receive while using MAPIR.


Payment Year 1
Program Year 2014
MAPIR
Name:
MAPIR Memorial Hospital
Applicant NPI:
9999999999
Status:
Not Started
If you are attesting to a Meaningful Use option that is different from what you were scheduled for, you will be required to supply one or more delay reasons on the next screen.
Note: If you are attesting to Adopt, Implement, or Upgrade, you must be adopting, implementing, or upgrading to a 2014 certified edition. If you are attesting to Meaningful Use, please enter the certification number you had during your EHR reporting period.
The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click here to access the CHPL website. You must enter a valid certification number.
Click the Exit button to terminate your session. When ready click the Next button to continue.
Click Reset to restore this panel to the starting point.
(*) Red asterisk indicates a required field.
* Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:
000000000000000
(No dashes or spaces should be entered.)
You have entered an invalid CMS EHR Certification ID.
Exit
Reset
Next

**Validation Messages Table**

| |
|---|
| Please enter all required information. |
| You must provide all required information in order to proceed. |
| Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). |
| The date that you have specified is invalid, or occurs prior to the program eligibility. |
| The date that you have specified is invalid. |
| The phone number that you entered is invalid. |
| The phone number must be numeric. |
| The email that you entered is invalid. |
| You must participate in the Medicaid incentive payment program in order to qualify. |
| You must select at least one location in order to proceed. |
| The ZIP Code that you entered is invalid. |
| You must select at least one activity in order to proceed. |
| You must define all added 'Other' activities. |
| Amount must be numeric. |
| You must verify that you have reviewed all information entered into MAPIR. |
| Please confirm. You must not have any current sanctions or pending sanctions with Medicare or Medicaid in order to qualify. |
| You did not meet the criteria to receive the incentive payment. |
| All data must be numeric. |
| You must enter all requested information in order to submit the application. |
| The email address you have entered does not match. |
| You have entered an invalid CMS EHR Certification ID. |
| You must be licensed in the state(s) in which you practice. |
| You must select Yes or No to utilizing certified EHR technology in this location. |
| You have entered a duplicate Group Practice Provider ID. |
| You must select a Payment Address in order to proceed. |
| You must enter the email address twice for validation purposes. |
| You must be in compliance with HIPAA regulations. |
| You must be an Acute Care Hospital or a Children's Hospital to be eligible to receive the EHR Medicare Program Payment. |
| All amounts must be between 0 and 999,999,999,999,999. |
| You must answer Yes to utilizing certified EHR technology in at least one location in order to proceed. |
| The amounts entered are invalid. |
| The denominator must be greater than or equal to the numerator. |
| The 90 day period you selected did not return any active locations for that time period; please check the 90 day patient volume timeframe. |
| You must select at least one Public Health menu measure. A total of 5 Menu measures must be selected. |

**Validation Messages Table**

| |
|---|
| Numerator cannot be greater than denominator and numerator/denominator cannot be a negative value. |
| The date you have entered is in an invalid format. |
| The number you have entered is invalid; it must be a positive whole number. |
| You have indicated that you qualify for the exclusion. As a result a numerator and denominator should not be entered. |
| You must attest to at least one Public Health measure. The measure selected may be an exclusion. |
| You must exit MAPIR and return, in order to access a different program year incentive application. |
| You must choose an application. |
| The selection you have made is not a valid option at this time. |
| You have made an invalid selection. |
| The time you have entered is in an invalid format. |
| You must select at least 5 menu measures. |
| Values entered match the existing cost data on file. |
| The Start Date you have entered was attested to in a previous Payment Year. |
| You have not met the minimum number of documents required. Please upload the minimum number of documents required to proceed. |
| Files must be in Excel, Word and Portable Data Format (PDF). |
| Files up to 5 megabytes (MB) in size are acceptable documentation to upload. |
| You have not completed the patient volumes. Please return to the Patient Volume tab to enter patient volumes. |
| You have not attested to all MU Measures. Please return to the Attestation tab to attest to all required measures. |
| You must answer all Exclusion questions with a Yes or No answer to proceed. |
| The Performance Rate value you entered is invalid; it must be a combination of a whole number and a decimal. The acceptable range for Performance Rate value is 0.0 to 100.0. |
| You must select at least 3 menu measures to proceed. |
| You must select a minimum of 16 Clinical Quality Measures from at least 3 different Domains to proceed. |
| Your EHR Attestation selection does not match the stage selection made when you started your application. |
| ONC Service is unavailable |

You have entered an invalid CMS EHR Certification ID for the current “Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology Rule"

## Acronyms and Terms

CCN – CMS Certification Number

CHIP – Children’s Health Insurance Program (HUSKY B clients)

CHPL – ONC Certified Health IT Product List

CMS – Center for Medicare and Medicaid Services

EH – Eligible Hospital

EHR – Electronic Health Record

EP – Eligible Professional

MAPIR – Medical Assistance Provider Incentive Repository

NPI – National Provider Identifier

ONC – Office of the National Coordinator for Health Information Technology

Program Switch Incentive Application - The first incentive application from an EH that has switched from Medicare or Dually Eligible to Medicaid or from Medicaid to Medicare or Dually Eligible.

R&A – CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System

SMHPO - State Medicaid Health Program Office

State-To-State Switch Incentive Application – The first incentive application from an EH that has switched from one state to another.

TIN – Taxpayer Identification Number